

□ HAZARDOUS ☼ NON—HAZARDOUS ☒ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION		•		SCAL	LE INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		—————————————————————————————————————
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
EPA Region 5 Records Ctr.		2	20 Gi	. YO.	10000
3/1/69					
	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ IN	NCINERATION	⊠ LANI	OFILL	□ OTH	ER (Specify)
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INFORMATION:					
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GENERATOR DATE S	HIPPED 1-2-86	EP.	A IDENTIFICA	ATION COD	ENO. 042095557766
ADDRESS 3/00 MESOWO	TINKING/E		STA	TE I.D. NO.	
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transportation according to the applicat			=		
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COMPANY	SAME				DE
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	er Print N	Name Mc	MART	16/	Date Received 2.2.86
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATIÓN COD	E NO
COMPANY OUTH DA	WTON DUM	. 3			
ADDRESS 1975 ZOULDE		(1/1/10	JOB	NO	20 20 AM
CITY	STATE	OHIO_			39_ PHONE 799-894/
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transportation according to the applical					
Signature		740	MARCA!	140	Phone 455-5365
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TRANSPORTER	Spark	EP/			
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CITY	STATE				PHONE
This is to certify acceptance of the about	_				
Signature Va, 1 mat	Print N	111.	MAR.	TW	Date Received 1-3-86
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC	ATION COD	
COMPANY - SOUTH D	ANTON DUM	روه نه نو			E NO
ADDRESS 1475 DEYDE.	U KD.			3 NO	
CITY	STATE	OHIO		ZIP <u>454</u>	
This is to certify completion of treatmen					
Your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature Alexantity 25	Print N	lame ZZA	11 77	<u> </u>	Date
					



□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. □ □ □

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ADDITIONAL					
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GENERATOR DATE S				TION COD	TNO 060045557266
COMPANY NAME	MOPPINE	EP.	A IDENTIFICA STA	TELD NO	E NO. <u>040 04 SS S 7 766</u>
ADDRESS _ E/CO MERI	DMORE KD	· .	PUR	CHASE OR	DEB
CITY	STATE	0410		P 450	Z4 PHONE 455-5026
This is to certify that the above named m		ssified, describe			
transportation according to the applicat					
Signature / / / / / / / / / / / / / / / / / / /	Print N	Name 7401	245 N.	KANIC	PRC_Phone 455- 5006
TRANSPORTER			•		
COMPANY	SAME	Lr,			DE
ADDRESS			JOB		
CITY	STATE				PHONE
This is to certify acceptance of the above	re materials for shipmer	nt. Keep pink co	py for your re	ords. Appr	opriate placards were offered.
Signature 200 18 Man	Print N	Name MEC	MART	W	Date Received 43-86
TREATMENT/DISPOSAL FACILITY			A IDENTIFICA		E NO
COMPANY OUT DAY	TOU DUMP				NO.
ADDRESS 1975 DOVAL	U KO.		JOB		
CITY DAYTON	STATE	0410	Z		39 PHONE 299-8891
This is to certify completion of treatment					
Your records. Forward white copy to	generator. Processing o	of your invoice	will begin up	on receipt	of signed copy of this manifest.
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.BE723

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERI	AL DESCRIPTION
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ADDITIONAL INFORMATION:						
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GENERATOR DATE S	HIPPED 1-5-8	7 EP	A IDENTIFIC	ATION COD	ENO. CHE	0045557766
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ADDRESS 3100 NEEDME	ORE RO	0./	PU	RCHASE ORDER		
0111	SIAIL			Z11 <u></u>		ONE 455-536-5
This is to certify that the above named m						
transportation according to the applical				/ //		
Signature / MAN	Print N	Name //70/	MAS M	· / \///	Pho	ne 455-6365
TRANSPORTER	SAME	EP	A IDENTIFIC	ATION NO.		
COMPANY						
ADDRESS						
CITY This is to certify acceptance of the abo						
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TREATMENT/DISPOSAL FACILITY	TON DUMP					
ADDRESS 1975 DRYDEN	17		51/ JOI			
CITY	STATE	OHO		ZIP 454.	39 PH	ONE 299-8891
This is to certify completion of treatmen						
your records. Forward white copy to	_					
Signature	Print N	Name		_	Date	1/5/86
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ADDITIONAL					
INFORMATION:					
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GENERATOR DATE S COMPANY NAME DECCO	HIPPED /- 6- 30	() EP	A IDENTIFICA	ATION COD	ENO. UHD 07512 /104
ADDRESS 3100 NECDI	MORE KD.		STA	ATE I.D. NO.	
CITY DAYTON	STATE	0.410	PUF	RCHASE ON	74 PHONE 455 566
This is to certify that the above named m					
transportation according to the applicat					
Signature	LYNN Print N	Inma TAON	was Kl	KHOC	# Phone #\$5 \$365
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TRANSPORTER E' COMPANY	SOME				NC
ADDRESS					DE
CITY					PHONE
This is to certify acceptance of the above					
					Date Received 4-6-60
TREATMENT/DISPOSAL FACILITY	~~~	EPA	A IDENTIFICA	ATION CODE	E NO
COMPANY SOUTH DA	YTON DIM	·	STA	TE I.D. NO.	
ADDRESS 1975 DEVOR	KI KD.	<u> </u>	JOE	3 NO	200 000
CITY ZIAYTON	STATE	OHIO			39 PHONE <u>299-889/</u> _
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance with	n appropriate	regulations. Keep canary copy for
Your records. Forward white copy to	generator. Processing o	of your invoice	will begin up	pon receipt	of signed copy of this manifest.
Signature	Print N	lame			Date



□ HAZARDOUS ® NON—HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NO. 050/9

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IMMEDIATE RESPONSE INFOR	RMATION				
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IN CASE OF EMERGENCY, NO	TIFY:		Т	RAILER NO. T	RACTOR NO.
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	SHIPPI	NG INFORM	ATION	·····	
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ADDITIONAL INFORMATION:					
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25,150				0005 NO 1741/N	045555774
GENERATOR DATE SI COMPANY NAME	MOPAINE DU	<i>2-31</i> EP/ 1/ 07 (3/)	A IDENTIFICATION	NO	14 July 1 12 E
ADDRESS SIGO NEEDIN	DORF CHORD		PURCHASI	ORDER	
ADDRESS SION NEEDIN	STATE	2411)	ZIP 🕏	5426 PHONE	937-1348
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked	and labeled, and are in	n proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the	EPA. Keep gold copy	y for your records.
Signature 10.0 Km	RSETT- Print N	lame	CK VAICHSO	Phone-	-1-7-80
TRANSPORTER				NO	1
COMPANY (SAMO		STATE I.D.	CODE	
ADDRESS				O	
CITY	STATE				
This is to certify acceptance of the above					'. 1
Signature 1/27 / Signature	Print N	lame ME	L MARTIN	Date Re	eceived <u>/- 7-36</u>
REATMENT/DISPOSAL FACILITY	$\sim 10^{-3}$	EP/	A IDENTIFICATION	CODE NO	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TON WINE		STATE I.D.	NO	· · · · · · · · · · · · · · · · · · ·
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City VIVIII		THIO	ZIP <u> </u>	15439 PHONE	00/4-001/
This is to certify completion of treatment					
Your records. Forward white copy to					
Signature Project Control of the Con	Print N	lame		Date <u>/</u>	1/ TX 1-20



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GENERATOR \ DATES				ON CODE	ENO 0110045557766
GENERATOR DATE S COMPANY NAME VELCO A	MORAINE DI	U OF C	M STATE	I.D. NO.	
ADDRESS _SIOO NEEDM	ORE KOAD		PURCH	ASE OR	DER
CITY WAYTON.	STATE	04/10	ZIP .	454	26 PHONE 237-1365
This is to certify that the above named m					
transportation according to the applicat	<i>i</i> . •				
Signature fact fact	SOK Print N	Name 401	L JACKSON		Phones 1-8-85
TRANSPORTER	Acres .	EP	A IDENTIFICATIO	ON NO	
COMPANY	DAMI		STATE	I.D. COD	PE
ADDRESS	·		JOB I.D		
CITY	STATE				PHONE
This is to certify acceptance of the about	A	A A	opy for your recor LVIN	ds. Appr	
Signature	Print N	Name	LVIN	<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY COMPANY DOUTH DAY	Quell her	EP.	A IDENTIFICATIO	ON CODE	E NO
100.78	FIL PONT	· · · · · ·	STATE		
ADDRESS 1913 LAYL	STATE C	1110	JOB NC	431	39 PHONE \$99-8871
This is to certify completion of treatmen		or disposal in co	mpliance with an	proprieto	PHONE 27/-22//
Your records. Forward white copy to	generator. Processing	of your invoice	will begin upon	receipt	of signed copy of this manifest.
Signature AD South XD					67 Date / - 8 - 8 /-
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 15024

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GENERATOR DATE S	HIPPED			ATION CODE	NO. OHD 045557766
COMPANY NAME DELCO N	ORAINE DIV	OF GN		ATE I.D. NO.	ENO. DISCOTO CONTRACT
ADDRESS 3100 NEEDM	DRE ROAD		PUI	RCHASE ÖRI	DER
CITY WAY TON,	STATE	0410	 .	zip <u>454</u>	16 PHONE 237-1365
This is to certify that the above named m					· · ·
transportation according to the applicat	(n	A 1	. 1		
Signature	Print N	Name VACIO	JHCK	DON _	Phone /- 8- 86
TRANSPORTER	SAME	EP.			
COMPANY	_ DAME			ATE I.D. COD B I.D. NO	E
CITY	STATE	·· ·······			PHONE
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Signature Mall	Print N	` 11	VIN M	9 R.77N	Date Received <u>1-9-86</u>
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION CODE	E NO
COMPANY SOUTH DAYTO	UN DUMP	<u> </u>	ST/	ATE I.D. NO.	<i>y</i>
ADDRESS 1475 DEYDER	I OKUHU	211/2		B NO.	30 100 501
CITY WAY TOXY	,STATE			ZIP <u>454.</u>	39 PHONE 299-8891
This is to certify completion of treatment your records. Forward white copy to					
Signature / mycell fri				\sim	Date - 7- 86
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□ HAZARDOUS M NON-HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. 15026

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IN CASE OF EMERGENCY, NO	TIEV			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		
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GENERATOR DATE SI				TION COD	ENO. OHD 045557766
COMPANY NAME DE CO M	ORAINK	<u> </u>	A IDENTIFICA STAT	TELD NO	ENO. 0713 0 7 034 7700
ADDRESS 3100 NEEDME	SEE RO.		PUR(
CITY	STATE	0410	ZI	p <u>454.</u>	74_ PHONE 455-3865
This is to certify that the above named m					
transportation according to the applicat				//	
Signature	Print N	lame /HON	OFIS KL.	HINOR	Phone 455-5365
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COMPANY	SHME		STAT	E I.D. COD	E
ADDRESS				I.D. NO	
CITY					PHONE
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TREATMENT/DISPOSAL FACILITY	my Duna	EP	A IDENTIFICAT	TION CODE	E NO
超 级 70 - 7 7 7 7	TON DUMP				
ADDRESS 1975 DRYDER CITY DAYTON	STATE	0140	JOB	no p <i>454</i>	39 PHONE 299-8991
This is to certify completion of treatment					
Your records. Forward white copy to					
Signature In The Contract	Print N		J		Date 1-10-86
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□ HAZARDOUS ₩ NON—HAZARDOUS ₩ WASTE □ RECLAIMABLE MATL. NO.BEOEO

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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL					
INFORMATION:				 .	
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GENERATOR DATE SI				ATION CODI	NO 0HD045557766
COMPANY NAME DECCO /	PORHIME				
ADDRESS 3100 NEEDM	PORE KO.		PUF		
CITY	STATE	<u>OHIO</u>	2	zip <u>454</u>	24 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applicat	le regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	GW Print N	lame 140	MAS N	MILIO	Phone 455-5365
TRANSPORTER		· EP	A IDENTIFICA	ATION NO	
COMPANY	SHME		STA	TE I.D. COD	E
ADDRESS					
					PHONE
This is to certify acceptance of the abov	77		py for your re	~	
Signature Man	Print N	lame <u>/ /////</u>	<u> </u>	/L/	Date Received <u>/-/3-86</u>
TREATMENT/DISPOSAL FACILITY	·		A IDENTIFICA	ATION CODE	■ NO
W 7 4	HON DUM				
ADDRESS 475 DRVDEL	<u> </u>	OUL	JOE	3 NO	39 PHONE 299-894/
This is to position and beginning	STATE	OHIO .			1
This is to certify completion of treatment Your records. Forward white copy to					
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□ HAZARDOUS MON—HAZARDOUS MASTE □ RECLAIMABLE MATL. NO. □5037

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				
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IN CASE OF EMERGENCY, NO				IDAII	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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3:	MATER	RIAL DISPOS	SITION		
RECLAMATION IN	NCINERATION	A LANI			R (Specify)
	NCINERATION	A LAINI	JFILL	UOINE	ER (Specify)
ADDITIONAL			•		
INFORMATION:		 -			
77 h	CE	RTIFICATIO	N		
GENERATOR DATE SI	HIPPED 1-15-8			ATION CODE	NO. 040045557766
COMPANY NAME VECCO /	ORAIUE		STA		
ADDRESS 3100 NEELM	ORE RD.			RCHASE ORI	
CITY	STATE	0,410	2	ZIP <u>454</u>	24_ PHONE 455-5365
This is to certify that the above named m					• •
transportation according to the applicab	le regulations of the De	epartment of Tra	nsportation a	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name 140	MASKI	KHA10	RC Phone 455-5365
TRANSPORTER	Com	EP/	A IDENTIFICA	ATION NO	
COMPANY	SHITE		STA	TE I.D. COD	É
ADDRESS				_	
CITY This is to certify acceptance of the above					PHONE
		111 -	1		
Signature	Print N	lame	IMEI	/Ki	Date Received 1-15-86
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DA	YTON DUMP	EP/			NO
COMPANY SOUTH DAY ADDRESS 1925 DRYDE					
CITY DAYTON	STATE	0410	JOE	3 NO ZIP <u>459</u>	39 PHONE 299 - 3891
This is to certify completion of treatment					
Your records. Forward white copy to					
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□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. BS 040

EMERGENCY INFORMATION			SCAL	E INFORMATION
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		/	15 Cu. YD.	WOOD
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COMPANY NAME DR-(CD) / ADDRESS 3/00 //CED/	, , , , , , , , , , , , , , , , , , , ,		STATE I.D. NO PURCHASE_ORI	DED
CITY	STATE	Ortio	zip 459	24 PHONE 455-5365
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked and l	abeled, and are in proper condition for
transportation according to the applicat				
Signature	Print N	lame THE	MAS N. KANO	Phone 455-5365
TRANSPORTER	Cano	EP	A IDENTIFICATION NO.	
COMPANY	SHITE	<u>-</u>		DE
ADDRESS			JOB I.D. NO	51015
This is to certify acceptance of the above	STATE		ZIP	
Signature 2000	Print N	10	Py for your records. Appr	Date Received / -/6-86
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TREATMENT/DISPOSAL FACILITY COMPANY SOLLTH	YTON DUM	EP/	A IDENTIFICATION CODI	
ADDRESS 1975 DAYDE	W RD	· · .	STATE I.D. NO.	
CITY DAY TOL!	STATE	0410	ZIP 4543	39 PHONE 299-3891
This is to certify completion of treatmen	t, storage, reclamation, o			regulations. Keep canary copy for
Your records. Forward white copy to	generator. Processing	of your invoice	will begin upon receipt	of signed copy of this manifest.
Signature / l-71/20 Ch	Billot Print N	Vame CN	15TH GRIL	L67 Date/-1686
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BEOF

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COMPANY NAME DECO MADDRESS 3/00 NEEDIN				ATE I.D. NO.	
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This is to certify that the above named n					
transportation according to the applica					
Signature	Print N	lame 1401	MAS KI.	KANO	Phone 455-5365
TRANSPORTER		EP	A IDENTIFICA	ATION NO.	
COMPANY	SAME				DE
ADDRESS					
This is to certify acceptance of the abo	_	and the second s			PHONE
Signature	Print N	1 41	MARI		Date Received 1-17-86
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH S	AYTON DUM	nP EP≀			E NO
ADDRESS 1975 DRYDA	EN RD		_	8 NO	
CITY _ IAYTON	STATE	OHIO		ZIP <u>454</u>	39 PHONE 299-889/
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Your records. Forward white copy to					
Signature Jenneth He	Print N	lame AEX	NE-TH	レナイバ	(LU) Date 1-17 8 6
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSO49

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GENERATOR DATE S	HIPPED 1- 20-8	86 EP.	A IDENTIFICAT	ION COD	ENO. OHD 045557766
COMPANY NAME SECCO	MORAINE		STAT	E I.D. NO.	
ADDRESS 3/00 NEGD/		0410	PURC	HASE OR	DER
This is to certify that the above named m	STATE				
transportation according to the applicat	· · · · · · · · · · · · · · · · · · ·				
Signature . M. JOM	YVV Print N	lame 1401	MAS K.	KAN	OPR Phone 455-5365
TRANSPORTER					
COMPANY	SAME				DE
ADDRESS				.D. NO	
Mr. C	STATE	,			PHONE
This is to certify acceptance of the above Signature Man	Print N		IARTIN		Date Received / - 20-86
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REATMENT/DISPOSAL FACILITY COMPANY	AYTON DUN	P EP≀	•		E NO
ADDRESS 1978 DRYDE	U RD		JOB N	۰. 	
CITY DAYTON	STATE	OHO			39 PHONE 299-899/
this is to certify completion of treatmen					
Your records. Forward white copy to	. <i>^ // e l</i>	, , ,	- / /		
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□ HAZARDOUS NON-HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.BSDES

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ADDRESS 3100 NEEDING		0,410		CHASE ORI	DER
This is to certify that the above named m	STATE				
transportation according to the applicab	• •		-		• •
	ANN Print N	Jame 740	MAS N.	KANO	Phone 455-5365
TRANSPORTER /					
COMPANY	SAME	EP	A IDENTIFICAT STAT		E
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CITY	STATE				PHONE
This is to certify acceptance of the abov	e materials for shipmer		a 11 .	ords. Appro	opriate placards were offered.
Signature	Print N	lame ///E	C MARTI	///	Date Received \(\begin{aligned} \frac{1}{2} & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2 & 6 \\ & 2
REATMENT/DISPOSAL FACILITY	TOW There	EP,	A IDENTIFICAT	TON CODE	E NO
ADDRESS 1975 DEVDE	AL PA	······································			
CITY DAVION	STATE	0410	JOB !	vo P <u>454</u>	39 PHONE 299 989/
his is to certify completion of treatment		or disposal in co	moliance with		
Your records. Forward white copy to	generator. Processing of	of your invoice	will begin upo	on receipt o	of signed copy of this manifest.
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. PSOST

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12.	SHIPPI	NG INFORM	ATION	
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	NORHINE			
CITY DAYTON	STATE	OHIO	PURCHASE O	RDER
this is to certify that the above named m		ssified, describe		
transportation according to the application			1 17	
	W Print N	lame THO	MAS KI. KHK	10RK Phone 455-5365
TRANSPORTER	SAME	EP	A IDENTIFICATION NO.	
COMPANY	5.7.72		STATE I.D. CC JOB I.D. NO	DDE
CITY	STATE		ZIP	PHONE
this is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your records. App	propriate placards were offered.
Gnature My Mart	Print N		C MARTINI	Date Received /- 73-86
REATMENT/DISPOSAL FACILITY	D 11 - D	EP	A IDENTIFICATION CO	DE NO
OMPANY DOUTH DAY	TON JUMP		STATE I.D. NO)
DAYTON	STATE	0410	JOB NO ZIP <i>45</i> °	139 PHONE 299-8891
his is to certify completion of treatment				•
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anature A even (The B)	allot Print N	lame / N	METH GRI	LLO Date 1-23 1/2
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□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. 150611

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GENERATOR DATE SH	HIPPED /- 27-	86 EP	A IDENTIFICA	TION COD	ENO. <u>(J.H.) 045557766</u>
	MORAINE MORE DD.		STA	TE I.D. NO. CHASE OR	
City DAY TON	STATE	0110			24 PHONE 4355345
This is to certify that the above named m					
Ransportation according to the applicable Signature		7			Keep gold copy for your records. Phone 455 5365
激 块。	Print N		7,		Phone <u>435 35 65</u>
TRANSPORTER SAM	(8	EP/	IDENTIFICA STA		je
ADDRESS				I.D. NO	
CITY	STATE				PHONE
Signature	e materials for shipmer	· ·		cords. Appr	opriate placards were offered Date Received
REATMENT/DISPOSAL FACILITY			A IDENTIFICA	TION COD	E NO
COMPANY 500Th DAY	TON DUM	?	STA	TE 1.D. NO.	
DORESS 1975 Dry Ne	N ((); STATE	Ohio	JOB	NO	39 PHONE 2998891
INIS is to certify completion of treatment	•	. "			
Our records. Forward white copy to	generator Processing of	of your invoice	will begin up	on receipt	of signed copy of this manifest.
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 25062

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	CE	RTIFICATIO	ON .	
GENERATOR DATE ST	HIPPED 1-27-	86 · EP	A IDENTIFICATION COD	ENO. OHD 045557766
ADDRESS 3/00 NEEDA	NORE ROP	4 -	STATE I.D. NO. PURCHASE OR	
CITY WAYTON,		DHIO	zip 454	26 PHONE 237-1365
This is to certify that the above named m		_	-	
transportation according to the applicate			ansportation and the EPA.	Keep gold copy for your records.
	Print N	•	-	
COMPANY		EP.	A IDENTIFICATION NO STATE I.D. COD	
ADDRESS			JOB I.D. NO	
CITY	STATE		ZIP	PHONE
this is to certify acceptance of the above		11	4.1	, 01
Ignature X // 2	Print N	lame // FLI	IIN MARTIN	Date Received 2-27-86
GREATMENT DISPOSAL FACILITY	Tall Dum	EP.	A IDENTIFICATION COD	
DRESS 1975 DRYD	EN ROAD		STATE I.D. NO.	
TY DAY TON,	STATE	OHO	ZIP 454.	39 PHONE 297-889/
is to certify completion of treatment	t, storage, reclamation,	or disposal in co	mpliance with appropriate	regulations. Keep canary copy for
Our records. Forward white copy to			will begin upon receipt	of signed copy of this manifest.
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□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS066

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					NO. OHDO45557166
COMPANY NAME DEICO MARIONALESS 3100 1/66011			STATE		
CITY DAYTON	STATE				74 PHONE 455-5365
This is to certify that the above named m					~.
Mansportation according to the applicat	-			. /	
Signature . 11. Kows	Print N	lame THO	MAS N.	KANC	DRE Phone 455-5365
TRANSPORTER	Canar	EP	A IDENTIFICAT	ION NO	
COMPANY	SAME				E
ADDRESS	STATE		JOB I.		PHONE
This is to certify acceptance of the above					
Signature Signature	Print N		MARTI		Date Received /- 28.56
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MPANY _ O(LTH _ V)Y	MON DUMP	EP/	_		NO
ADDRESS 1975 DRYDE	N RO.	· .	JOB N	IO	
CM DAYTON	STATE	0410	ZIF	454.	39 PHONE <u>299- 889/</u>
this is to certify completion of treatment	, storage, reclamation,	or disposal in co	mpliance with a	ppropriate	regulations. Keep canary copy for
Your records. Forward white copy to	generator. Processing (of your invoice	will begin upo	n receipt (of signed copy of this manifest.
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS070

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COMPANY NAME, DECO	TORHINE			TE I.D. NO.	
ADDRESS 3/00 NEED		OHIO		CHASE ORI	DER
CITY LAPIS TO LAPIS TO LAPIS IS to certify that the above named m	STATE				
transportation according to the applicat)				· ·
Signature	Print N	lame THO	MAI N	PALLOX	Phone 455-5365
RANSPORTER	Com	EPA	A IDENTIFICA	ATION NO	
COMPANY	SAME				E
ADDRESS	STATE				PHONE
this is to certify acceptance of the above					
Signature Mark	Print N		MARTI	W	Date Received / 30-96
REATMENT/DISPOSAL FACILITY	.	, EP	A IDENTIFICA	ATION CODE	NO
COMPANY SOUTH SY	YTON DUM	<u> </u>			
ADDRESS 1975 DLYDEN DAYTON	STATE	OHID	JOB 7	NO. IP 4545	39 PHONE 229-889/
ills is to certify completion of treatment		or disposal in co		· · · · · · · · · · · · · · · · · · ·	
Cur records. Forward white copy to					of signed copy of this manifest.
anature Connel Only	Print N	lame		<u> </u>	Date 1 - 30 -86



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ADDRESS 3/00 NEED	MORE KD),	STA	RCHASE ORI	
CITY DAYTON	STATE	OHIO	2	IP 459	24 PHONE 455 5365
This is to certify that the above named m			-		
transportation according to the applicab					
Signature	Print N	Name <u>///</u>	WARS NI	. KHNE	ORL Phone 455-5365
TRANSPORTER	S DINK	•	Α		
COMPANY	SHIME				E
CITY	STATE				PHONE
This is to certify acceptance of the abov					
Signature Mil Ma	Print N	Name MK	C PHAR.	T/N	Date Received <u>1-31-86</u>
TREATMENT/DISPOSAL FACILITY	· · · · · · · · · · · · · · · · · · ·	EP/	A IDENTIFICA	ATION CODE	■ NO
COMPANY SOUTH DA	<u>YTOU DUI</u>	M. C.		TE I.D. NO.	
CITY DAYTON	STATE	0410	JOE	3 NO. <u> </u>	39 PHONE 299- 8891
Itils is to certify completion of treatment			*		<u> </u>
Your records. Forward white copy to					
gnature A Crun all Su	Clot Print N	Name / EN	NETH	16/212	107 pard 3 76
MERCH .		<u> </u>		· · · ·	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. □ 10 17

EMERGENCY INFORMATION				SCAL	E INFORMATION
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GENERATOR DATE SI	HIPPED Z-/- 86			ATION COD	ENO. 0HD045557766
COMPANY NAME DECCO	MORHINE	LI	STA		
ADDRESS 3100 NEEL	MORK K	D.	PUR	CHASE ORI	DER
CITY	STATE	OH10.	Z	IP <u>454</u> 2	24 PHONE 455- 5365
This is to certify that the above named m			_		
Iransportation according to the applicat	ole regulations of the Do			, , ,	- · · · · · · · · · · · · · · · · · · ·
Signature .	Print N	Name //1	OMAS L	!. /44 <i>X</i> (ORC Phone 455-5365
TRANSPORTER	COMOK	EP.	A IDENTIFICA	ATION NO	
COMPANY	SHIVE				PE
ADDRESS	CTATE			3 I.D. NO	BUONE
This is to certify acceptance of the above	STATE		Z		PHONE
Signature	Print N	- 1	100	TIN	Date Received Z-1-86
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH J	AYTON DI	EP.	A IDENTIFICA A TO	ATION CODE TE I.D. NO.	
ADDRESS 1975 DRY	IDEN RD			NO	
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this is to certify completion of treatment	storage, reclamation,	or disposal in co	mpliance with	appropriate	regulations. Keep canary copy for
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BESONO

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.BSOB3

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS095

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GENERATOR DATE SHIPPED 2-/0-86 EPA IDENTIFICATION CODE	NO. 040045557766
COMPANY NAME DECED MORAINE STATE I.D. NO.	
ADDRESS 3100 NEEDMONE RD PURCHASE ORDER CITY DAY TOW STATE OFFTO ZIP 4593	PHONE 455-5365
This is to certify that the above named materials are properly classified, described, packaged, marked and lab	
licingsportation according to the applicable regulations of the Department of Transportation and the EPA. K	
Ignature Print Name THOMAS W. KAND	OKK Phone 455-5365
TRANSPORTER EPA IDENTIFICATION NO	
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Onature Print Name	Date Received 2-10-96
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DAYTON STATE OHIO ZIP 4543	39_ PHONE 299-3891
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□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BEDER

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□ HAZARDOUS MON—HAZARDOUS MASTE □ RECLAIMABLE MATL. NO. BSI OZ

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□ HAZARDOUS MON—HAZARDOUS MASTE □ RECLAIMABLE MATL. NO. BSI/04

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ADDRESS 3/00 NEFDM	ORF KD.	0410	PURCHASE C	PHONE 455-5365
This is to certify that the above named m	STATE aterials are properly clas			d labeled, and are in proper condition for
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ADDRESS			JOB I.D. NO	_
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this is to certify acceptance of the above	e materials for shipmen	1//-	py for your records. Ap	propriate placards were offered Date Received 2-14-86
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DAYTON	STATE	0110	JOB NO ZIP <i>95</i>	439 PHONE 299-8891
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□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

MERGENCY INFORMATION				SCALE INFORMATION
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N CASE OF EMERGENCY, NOT	IFY:	2		TRAILER NO. TRACTOR NO.
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disportation according to the applicab	e regulations of the De		insportation and the	EPA. Keep gold copy for your records.
Ignature . M. Allu	M Print N	lame ///	49115 N. P.	ALIORE Phone 455-5363
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Ills is to certify acceptance of the above	materials for shipmen	it. Keep pink co	py for your records	. Appropriate placards were offered.
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	storage, reclamation, o	or disposal in co	mpliance with appro	opriate regulations. Keep canary copy for
				ceipt of signed copy of this manifest.
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□ HAZARDOUS ® NON—HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NO. 15/13

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COMPANY SOUTH WAY TO ADDRESS 1975 DRYDL	W COAD		•	ATE I.D. NO.		
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Our records. Forward white copy to	generator. Processing (will begin u	pon receipt	of signed cor	by of this manifest. $2-18-86$
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□ HAZARDOUS INON—HAZARDOUS INVASTE □ RECLAIMABLE MATL. NO. B51/5

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CITY WAY TON,		2410	PURC	CHASE OR	24 PHONE 455-5365
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REATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	TION COD	E NO
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□ HAZARDOUS ® NON—HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NO. \$ 1/6

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COMPANY NAME VELCO MO	11F F E D . 2 * 2 * 2 * 2 *		STATE I.D. NO	;
ADDRESS 3100 NEEDN	ORE ROAD	·	PURCHASE OF	RDER.
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□ HAZARDOUS ® NON-HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NO. 85/18

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\$1.7/	CINERATION	₫ LAN	DFILL	OOTHE	R (Specify)
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ÇÊÑERATOR \ DATE SH		RTIFICATIO		ATION CODE	NO. 040015557766
COMPANY NAME WELCO MO		OF GM		ATE I.D. NO.	
DORESS 3100 NEEDMO	KE KOHO STATE _C	V/10	PUI	RCHASE ORI	DER
In is to certify that the above named ma	aterials are properly clás	ssified, describe	d, packaged,	marked and la	abeled, and are in proper condition for
insportation according to the applicab		N /a	1/2	1	Keep gold copy for your records.
Panatureack facks	Print N		·		DATE 2/20/86
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the is to certify acceptance of the above	STATE	nt Koon nink an		ZIP	PHONE
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□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. □ SIZZZ

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NU.BSI ZZ

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City	STATE	OHIO			74 PHONE 455-5365	
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TEATMENT/DISPOSAL FACILITY	~ ~ ~	EP.	A IDENTIFICA	ATION COD	E NO	
OMPANY SOUTH DAY	YTON DUM	0	STA	TE I.D. NO.		
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SIS 10 Certify completion of treatment	storage reclamation	or disposal in ac	moliance with	LIP <u>4:34.</u>	PHONE	
S.to certify completion of treatment integrals. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS/Z4

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transportation according to the applicat			/	17	Reep gold copy for your records. Phone 455-365	
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COMPANY	SAME			-	E	
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Oli records. Forward white copy to		16.41		on receipt	of signed copy of this manifest.	
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS/ZS

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ADDRESS 3/00 NEEL DAYTON	STATE	OHIO		ICHASE OR VIP 4547	
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insportation according to the applicab				nd the EPA.	
inature	Print N	lame THO	MAS NI.	KHIL	Phone <u>455-5365</u>
DANSPORTER /	. SAMK	EP/			
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to certify acceptance of the abov	e materials for shipmen	nt. Keep pink co	py for your re	cords. Appr	
thature milm	CAM_ Print N	lame	MART		Date Received 2-24-86
MPANY SOUTH	VIDIL DUL	EP/	A IDENTIFICA		
PORESS 1975 DOYDE	W PD.			TE I.D. NO. NO	
DAYTON	STATE	OHIO	Z	IP 454	39 PHONE 299-8991
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□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NO. BS/Z7

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RECLAMATION IN	CINERATION) (LAN	DFILL	OTHE	R (Specify)
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WHID.	HIPPED Z-Z5-6	96 EP.	A IDENTIFICA	TION CODE	NO. OMD045557766
A lives	MORAINE	.	STA		
ADDRESS 3100 NEEDI	STATE	0410		CHASE ORI	DER
Unis is to certify that the above named m					
unsportation according to the application	le regulations of the De	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records.
Ignature . 71. KOLU	Print N	Name 140	10AS No	KALION	Phone 455-53(05
UNANSPORTER					
COMPANY	SHME		STA	TE I.D. COD	E
ODRESS	· · · · · · · · · · · · · · · · · · ·		JOB		
	STATE		Z		PHONE
Institute	e materials for shipmer		201.		Date Received 2-25 66
REATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	TION CODE	NO
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DDRESS 1975 DEVDE	<u> </u>	OHIO		NO	39 PHONE 299-889/
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.BS/30

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N CASE OF EMERGENCY, NO	TIFY:			TRAII	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		
DOT. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
		/	15 Cu	. YD,	FILL
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GANSPORTER					
OMPANY	SAME		STA		
DDRESS			JOB		,
N g	STATE	·	Z	IP	PHONE
biblis to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
mature mil ma	Print N	Name <u> </u>	MART	TIL	Date Received Z-Z6-86
EATMENT/DISPOSAL FACILITY	~n. (Duna	·· EP	A IDENTIFICA	ATION CODE	E NO
(1) (1)	TON DUMP				
DRESS 1975 DRYDEL		0410		NO	39 PHONE 299-8891
13/18/10 certify completion of treatmen	STATE	or disposal in as			
records. Forward white copy to	generator. Processing	oi disposal in co of vour involce	mphance with will begin ur	i appropriate oon receint	of signed copy of this manifest
patire Kingle Auller	Print N		will begin up	Jon receipt	Date 2-26-86
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□ HAZARDOUS NON—HAZARDOUS Newste □ RECLAIMABLE MATL. NO.BS/B6

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N CASE OF EMERGENCY, NO	ΓΙ FY :			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		
O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION		
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DDRESS 3100 NECOMI	DRE RD.		PUR	CHASE OR	DER
DAYTON	STATE	0H10	Z	IP <u>4547</u>	74 PHONE 455-5365
ানাs is to certify that the above named m					
ransportation according to the applicab					
Ignature , VI. KOM	Print N	lame 7401	MAJ M.	<u> </u>	OKK Phone 455-5365
RANSPORTER	SAME	. EP/			
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IV	STATE	u,			PHONE
Itils is to certify acceptance of the above		nt. Keep pink co			
gnature my Ma-1	Print N				Date Received <u>Z-Z8-86</u>
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MPANY SOUTH WAY	TON DUMP) 	STA	TE I.D. NO.	
DRESS 1978 DRYDEN	(ED.	0410	JOB	150	39 PHONE 299-889/
is to certify completion of treatment	STATE			IP 434	PHONE XYY-OōY/
records/Forward white copy to	, storage, reclamation, (generator, Processing (of your invoice	will begin up	appropriate	of signed copy of this manifest
natural Property of Maria		lame EXIX			407 Date 5 - 28 = 46
The Market Marke	See a se	allie/ t-/V/	/		Date



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. ESTES

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESC	RIPTION
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□ RECLAMATION □ II	NCINERATION	LANI	DFIĽĹ	□ OTHE	ER (Specify)	
ADDITIONAL						
INFORMATION:					•	
		ERTIFICATIO				
GENERATOR DATE S	HIPPED 3-1-36	; EP	A IDENTIFIC	ATION COD	ENO. <i>0//004SS</i>	S776/a
2100 1/200	YORHIVE MORE KD		ST/			
ADDRESS 3/UO A/CKU	7 -	OHIO	PUI	RCHASE OR	DERPHONE	7.7361
This is to certify that the above named m	STATE					
transportation according to the applicat						
		1440	1921 S 11/	KHUO	Phone 455	·5365
Signature 1 1// []	Print N					
TRANSPORTER	CEDENK	EPA				
COMPANY)E	
ADDRESS	STATE				PHONE	
This is to certify acceptance of the above	-					offered.
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TREATMENT/DISPOSAL FACILITY COMPANY SOLITAL DATE	470AL Dump	j EP/			E NO	i
ADDRESS 1975 DAY DA	11 10			3 NO		
CITY	STATE	OHIO		ZIP 459	39 PHONE 295	9-9591
This is to certify completion of treatmen		or disposal in co	mpliance wit	h appropriate		
your records. Forward white copy to	-					j
Signature Connetts (Print N	vame tex	11676	(Ga)	//_/Date 1-/	\$16
· //-	- ,	te L				



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSI/HO

EMERGENCY INFORMATION	SCALE INFORMATION
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IN CASE OF EMERGENCY, NOTIFY:	TRAILER NO. TRACTOR NO.
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SHIPPING INFORMATION	
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Z 15 Cu	YD. WOOD
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MATERIAL DISPOSITION	
□ RECLAMATION □ INCINERATION ↓ LANDFILL	OTHER (Specify)
ADDITIONAL	
INFORMATION:	
CERTIFICATION	
	04/00/555776/2
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ATION CODE NO. <u>OHD 045537766</u> TE I.D. NO
2/06	CHASE ORDER
ADDITION TO THE PARTY OF THE PA	PIP 45424 PHONE 455-5365
This is to certify that the above named materials are properly classified, described, packaged, r	
transportation according to the applicable regulations of the Department of Transportation a	
Signature	KANORK Phone 455-5365
	ATION NO.
(V. J. A.)	TE I.D. CODE
	I.D. NO.
•	IP: PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your re	cords. Appropriate placards were offered.
Signature Mel Martin Print Name MEL MARTIN	U Date Received 3-3-86
TREATMENT/DJSPOSAL FACILITY EPA IDENTIFICA	ATION CODE NO.
$\langle - \rangle \langle - $	TE I.D. NO.
ADDRESS 1978 DRVDEN KD. JOB	NO
CITY DAYTON STATE OHIO Z	TIP <u>45439</u> PHONE <u>249-389/</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with	•
your records. Forward white copy to generator. Processing of your invoice will begin up Signature And Capprint Name & XING THE	



□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. □ 1/50

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			20 G	<u> YD.</u>	Wood
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	MATER	RIAL DISPOS	SITION		
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ADDITIONAL					
INFORMATION:		<u> </u>			
	CE	ERTIFICATIO)N		
GENERATOR DATE S	HIPPED 3-7-6			ATION COD	ENO. 04/D045557766
COMPANY NAME DECCO 171	DEHINE		STA		İ
ADDRESS 3100 NEEDI	MORE KD.		PUF	RCHASE OR	DER
CITY	STATE	OH10	:	ZIP <u>454</u>	24 PHONE 455-8368
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation according to the applicat	le regulations of the De	epartment of Tra	ansportation a		
Signature . M. F. Que	ハノ Print N	lame THO	MAS KI	1 PAUL	ORR Phone 455-5365
TRANSPORTER				ATION NO	
COMPANY	AME				DE
ADDRESS			JOE	3 I.D. NO	
CITY					
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
Signature Man Man	Print N	Name <u>MEC</u>	MARTI	T.L.	Date Received 3-7-86
TREATMENT/DISPOSAL FACILITY	<u>.</u>	EP	A IDENTIFICA	ATION CODE	E NO
COMPANY DULY DAY	TON DUMP				
ADDRESS 1975 DEVDE	K RD.	· · · · · · · · · · · · · · · · · · ·	JOE	3 NO	20 200
CITY	STATE	CHID	;	ZIP <u>459</u>	39 PHONE 299-8891
This is to certify completion of treatmen	-		-		regulations. Keep canary copy for
your records. Forward white copy to	- <i>a</i> - a	. ,	•	10	
Signature Connoth The	SaT_Print N	vame AES	METH	CAPEC	Date 3.7.86



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO.ES/SZ

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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION . □ II	NCINERATION	`` LANI	OFILL	□ OTH	R (Specify)
ADDITIONAL INFORMATION:	<u> </u>				
	CI	ERTIFICATIO)N		
GENERATOR DATE S COMPANY NAME DECCO	HIPPED 3-8-80				ENO. OHD 045557766
ADDRESS 3100 NEFDI	PORE RD.				
CITY DAY TON	STATE	OHIO	7,01	IP 454	DER
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, i	marke <mark>d</mark> and I	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation a	and the FPA.	Keep gold copy for your records.
Signature	Print N	Name	MAS NI	HILL	OFF Phone 455-5365
TRANSPORTER	Cn	EP	A IDENTIFICA	ATION NO.	
COMPANY	SHINE		STA	TE I.D. COD)E
ADDRESS					
					PHONE
This is to certify acceptance of the above		21-			ا د ـ د ص
Signature Mc Mc	Print N	Name <u>ME</u>	MARI	////	Date Received <u>3-8-86</u>
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	ATION CODE	E NO
000 000	YTON DUM	<u> </u>	STA	TE I.D. NO.	
ADDRESS 1975 DRYDA	ED.	- N. (110		NO.	200 000/
CITY	STATE	OHIV		IP <u>4343</u>	39 PHONE 299-8891
This is to certify completion of treatment	. •				
your records. Forward white copy to			•	·	
Signature Length (RILLA TPrint N	lame 4 A		THER	LCT Date 78 8 6



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. PS/SS

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ADDITIONAL INFORMATION:					
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GENERATOR DATE S	HIPPED 3-10-8			TION COD	ENO (HD)(45557766
COMPANY NAME DELCO	MORAINE		STA		ENO. 672(776377)
ADDRESS 3100 NEED	MORE RD.		PUR	CHASE OR	
CITY	STATE	0410	z	IP <u>454</u>	24 PHONE 455-5365
This is to certify that the above named m			_		
transportation according to the applicat					
Signature	OW Print N	lame TH	DIAHS 1	J. KAI	1100k Phone 455 5363
TRANSPORTER	Calinar	EP/	A IDENTIFICA	TION NO	
COMPANY	SAME		STA	TE I.D. COD	DE
ADDRESS	<u> </u>				
CITY					PHONE
This is to certify acceptance of the above	•	1/1-	py for your re	cords. Appr	
Signature // Culd	Print N	lame	(MIKE		Date Received 3-/0-86
TREATMENT/DISPOSAL FACILITY	unil Dur	a EP/	A IDENTIFICA	TION CODE	E NO
WITH TO ALLOW	YTON DUM		STA	TE I.D. NO.	
ADDRESS 1975 DRUDE	· · · · · · · · · · · · · · · · · · ·	0/40	JOB	NO.	120 200.9001
CITY	STATE	<u> 0410 </u>	Z	IP 447	39 PHONE 299-3991
This is to certify completion of treatment your records. Forward white copy to	- •	•			*
					CGT Date 3 / CGT Date
Signature Associated	Print N	iame/ <u>(</u>	<u> </u>	/ // //	CEOT Date 7 1/0 6



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 25/60

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	UTION		
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GENERATOR OATE SI	JIPRED 3-17-8			ATION CODE	NO.0HD045557766
COMPANY NAME DECCO	MORHINE	Er/	STA		NO. 9/15 07 53 0 7 7 0 0
ADDRESS 3100 NIEED	MORE RID.		PUF	CHASE OR	
CITY	STATE	OH10			24 PHONE 455-5365
This is to certify that the above named m	•				
transportation according to the applicat					
Signature	Print N	lame THE	W/US N	. / ////	OKK Phone
TRANSPORTER	Some				
COMPANY	JAME.		STA	TE I.D. COD	E
ADDRESS					21.01.5
This is to certify acceptance of the above	*				PHONE
Tha		M	MAR		·
Signature	Print N	lame	- / ///		Date Received 3-12-86
TREATMENT/DISPOSAL FACILITY	YTOU DUM	eP/			NO
COMPANY SOUTH DAY	N PD			-	
ADDRESS 1913 LEYDE	STATE	OHIO		3 NO ZIP <u>45</u> 93	39 PHONE 299-8891
This is to certify completion of treatment			The second second		
your records. Forward white copy to					
Signature Vernith 6K	PILLET. Print N				Lat Date 3-12-86
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 155/63

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		•			
		RTIFICATIO			
	HIPPED 3-13-	86 ep	A IDENTIFICA	TION CODI	ENO. 04D 045557766
COMPANY NAME DECED	MORAINE MARCHINE	`		TE I.D. NO.	•]
ADDRESS 3/00 M/64	DMORE XX	October	PUR	CHASE ORI	DER
CITY JAIN	STATE	OHIO			
This is to certify that the above named m	• • •				·
transportation according to the applicat					
Signature	Print N	lame ///0,	10/195 100	14-1100	Phone 455-5365
TRANSPORTER	SOM	EP.	A IDENTIFICA	TION NO	
COMPANY	SHITE		STA	TE I.D. COD	DE
ADDRESS			JOB		
CITY	STATE				PHONE
This is to certify acceptance of the above		11.	- Min	coras. Appr	•
Signature // / //	Certin Print N	lame//_E	<u>L /////</u>	<i> </i>	Date Received <u>3-/3-86</u>
TREATMENT/DISPOSAL FACILITY	· — · / D. ·	EP.	A IDENTIFICA	TION CODE	E NO
100 TOU	YTON DUN	10	STA	TE I.D. NO.	
ADDRESS 7975 2R92	SEN IND.	01/10	JOB	NO. 757	39 PHONE 299-8891
CITY	STATE	OHIO		IP <u>434.</u>	
This is to certify completion of treatmen your records. Forward white copy to					-
May 20 9	a de la companya del companya de la companya del companya de la co	1 /			
Signature A Course IL St	Print N	lame ' <u>LS./Y</u>	<u> </u>	5-7 / Y	LL Obate 3/3 all



□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS/1616

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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□-REGLAMATION ····· □-II	NCINERATION	□ LANI	OFILL OT	HER (Specify)
ADDITIONAL INFORMATION:		,		
		RTIFICATIO	NI	
GENERATOR DATE S				DE NO. OHD 045557766
COMPANY NAME				O
	DORE RD		PURCHASE (
				474 PHONE 455-5361
This is to certify that the above named m		•		
transportation according to the application	ole regulations of the De	epartment of Tra	insportation and the EF	A. Keep gold copy for your records.
Signature 77. KM	Print N	lame	DUADE N. KA	WOLL Phone 455-5365
TRANSPORTER	-		• • • • • • • • • • • • • • • • • • • •)
COMPANY	AINE			ODE
ADDRESS			· ·	
CITY	STATE			PHONE
This is to certify acceptance of the above	e materials for shipmen	ıt. Keep pink co	py for your records. Ap	propriate placards were offered.
Signature M. Ma	Print N	lame	C MARTIN	Date Received 3-4-3/
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICATION CO	DDE NO
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ADDRESS	DEN PD.		JOB NO	7/20 000 600/
CITYDAYTON_	and the second s	- , ,	ZIP _ <i>4-</i>	
This is to certify completion of treatment				
your records. Forward white copy to				
Signature Accurate	Callo Print N	lame	INE THE	RILL Plate 3-4486



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. BETTEB

EMERGENCY INFORMATION				SCAL	E INFORM	IATION
IMMEDIATE RESPONSE INFO	RMATION					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ERITPE	MATERIA	AL DESCRIPTION
		Z	15 Cu.	YD.	F,	- '(L
		<u> </u>				
						
	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	J LAN	DFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:				·		
	CE	RTIFICATIO)N			
GENERATOR DATE S	HIPPED 3-15-8 108AILE	6 EP	A IDENTIFICA	ATION COD	E NO	
COMPANY NAME DE CO	10.8.41.U.E					
ADDRESS 3/00 NEEL	<i>)////////////////////////////////////</i>	0410	PUF	RCHASE OR	DER	NE 455-5365
This is to certify that the above named m						
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold co	py for your records.
Signature J. W. Kull	<u> </u>	lame ///	20115 10	! KAUC	Phor	e 455-5365
TRANSPORTER						
COMPANY	SHIK					
ADDRESS		···	JOE	3 I.D. NO		
CITY						NE
This is to certify acceptance of the abou	ve materials for shipmer	it. Keep pink co	py for your re	ecords. Appr		
Signature	Print N	lame <u>////</u>	(MARI	<u> </u>	Date	Received <u>3-75-86</u>
TREATMENT/DISPOSAL FACILITY	MALL DUNG		A IDENTIFICA	ATION COD	E NO	,
1076 7000	MON DUNY		STA	TE I.D. NO.		
ADDRESS 1478 DRYDA		OHIO		3 NO	20	NE 299-889/
CITY	STATE			ZIP <u>450</u>		
This is to certify completion of treatmen your records. Forward white copy to						
Signature Comments	506T Print N	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				7.75



□ HAZARDOUS NON—HAZARDOUS NON

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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□ HAZARDOUS DE NON-HAZARDOUS DE WASTE □ RECLAIMABLE MATL. NO. B5/73

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS//74

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. ₩3/77

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ESS 1975 DRYDER	1 KD.	N. Carlotte	JOE	3 NO	
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TMENT/DISPOSAL FACILITY PANY _ O(17)-/ Z	HYTON DU	EP/		N CODE NO D. NO		
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Trible and the Cold	LLOI Print	or your invoice	VIII Degin upon I	receipt of signed co	ppy of this manifest.	
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS/35

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ADDRESS 3100 NEEDA		·	PURCH	ASE ORD	ER
OM DAYTON	STATE	OH10	ZIP	4592	4 PHONE 455-5365
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r apportation according to the applicat	$\mathcal{M} \setminus \mathcal{N}$	116			
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. ₩ 187

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chiportation according to the applicat	le regulations of the De	epartment of Tra	nsportation	and the EPA.	Keep gold copy for your records.	
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□ HAZARDOUS NON—HAZARDOUS NON

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nt, storage, reclamation, o	or disposal in co	mpliance with	n appropriate	e regulations. Keep canary copy for
ng taon Malika kang banggal di Pilipi	The grant of the contract of		oon receipt	of signed copy of this manifest.
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS/73

EMERGENCY INFORMATION			S	CALE INFORMATION
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	NAME PO		STATE I.D. I	
ADDRESS 3/00 NEG	STATE	0410	PURCHASE	5424 PHONE 455-5365
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				PA. Keep gold copy for your records
Minature . M. Aug	Print N	lame 1401	MAS KING	91/02R Phone 455-5365
CANSPORTER	, ,,,		A IDENTIFICATION N	•
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□ HAZARDOUS MON—HAZARDOUS MASTE □ RECLAIMABLE MATL. NO. BS/195

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	, storage, reclamation,	or disposal in co	mpliance with appropr	iate regulations. Keep canary copy for
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Pornall GR	11_6/ Print N	lame TENA	SETH GRI	4407 Date 3 · 27 · 86



□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS/197

EMERGENCY INFORMATION				SCAL	E INFORMATION
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□ HAZARDOUS Ă NON—HAZARDOUS À WASTE □ RECLAIMABLE MATL. NO. □ 198

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inature	Print N	Name 7440	MAS KI.	KANO	ORK Phone 455-5365
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le to certify acceptance of the above	e materials for shipmer	nt. Keep pink co			opriate placards were offered.
lature man	Print N	Name	C MAR	7/L/	Date Received <u>4-1-86</u>
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL.

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSZOB

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COMPANY NAME	10001NE			TE I.D. NO.		
ADDRESS SINO MICEUM	STATE	OH10	PUR	CHASE OR	DER	NE 455-5365
III Is to certify that the above named m	aterials are properly cla		d, packaged, r	narked and l	abeled, and ar	e in proper condition for
Cit Portation according to the applicat	ble regulations of the D $(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1$	epartment of Tra	ansportation a			
Talura	Print N	Name	MIHS N	[. NA	CORE Phor	ne 455-5365
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Courteth ST	RILLOT Print N	Name ([C \/	NETH	(4/2)	CCO Date	4-7 #6
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□ HAZARDOUS NON—HAZARDOUS XWASTE □ RECLAIMABLE MATL. NO. BSZ06

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COMPANY NAME DEICO	HIPPED 4-3-8		STAT	TE I.D. NO.		
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inportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation ar	nd the EPA.	Keep gold copy for your records.	
nature	Print N	Name 714	OMAS 1	1. KH	Warz Phone 455-5365	
ANSPORTER	SAMK	EP				
ORESS	SONTIC	11		TE I.D. COD I.D. NO	DE	
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ture Print Name MEL MARTIN Date Received 4-3-86						
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSZO9

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M. M. Alus	Print N	lame //	WAS N.	KHN	10RR Phone 955-5365
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o certify acceptance of the above	ve materials for shipmer	nt. Keep pink co		ords. Appr	ropriate placards were offered. Date Received <u>4-9-86</u>
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DAYTON	STATE	OHIO	JOB N ZII	10. 4.59	139 PHONE 299 3991
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

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typortation according to the applicat					Keep gold copy for your records.	
	Print N	lame 7/1/0/	11/13 KI.	KANOK	Phone 455-5365	
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STATE I.D. NO						
DAYTON STATE OHIO ZIP 45439 PHONE 219-8891						
Cartify completion of treatment	generator. Processing	of your invoice	will begin u	pon receipt	regulations. Keep canary copy for of signed copy of this manifest.	
muneth li	KILLO/ Print N	lame E AIK	16711	RIL	4-5 F 6	
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URN TO GENERATOR CANARY-TSPF.COPY PINK-TRANSPORTER COPY GOLD-GENERATOR						



□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. BEZZZZZ

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BIZZI

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wie h I Mar	Print N	lame	MARTIN	Date Received 4-10 86
MENT/DISPOSAL FACILITY	ALLENIA D	EP/	A IDENTIFICATION COD	E NO
PANY SOUTH	AYTOKI DL	1171	STATE I.D. NO.	
DAVITON	STATE	OHIO	JOB NO	139 PHONE 299-3991
Ocertify completion of treatment				PHONE 299-3397 e regulations. Keep canary copy for
				of signed copy of this manifest,
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The second		, <u>, , , , , , , , , , , , , , , , , , </u>		Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSZZD

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	MATE	RIAL DISPOS	SITION		
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ADDITIONAL INFORMATION:		·			
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GENERATOR DATE S	HIPPED <u>4-11-8</u>	6 EP.	A IDENTIFIC	ATION COD	ENO.040045552766
COMPANY NAME DECO /	MORE LD.		STA		
ADDRESS <u>3/00 M.E.E.D.</u> CITY			PUF		DER
this is to certify that the above named m					
trinsportation according to the applicat	ole regulations of the D	enartment of Tra	ensportation a	and the FPA	Keep gold copy for your records
	CON Print	Name 1H	014145	V. KAL	OPE Phone 455. 5365
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COMPANY	SAME	EP.			DE
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la to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
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MPANY _ COSTA DA	NYTON DUM	EP.			E NO
PANY SOCITH DAY DEVOL	W PD.			•	
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12/2/	and the second s				e regulations. Keep canary copy for
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A Company	<u> </u>		1		



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ADDITIONAL					٠.
NEORMATION:		····	 -		
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GENERATOR DATE S	HIPPED 4-12-86 JORAILLE	, EP.	A IDENTIFICATI	ION CODE	NO. OHDO45557766
COMPANY NAME DECCO	10KHILLE		STATE		
ODDRESS 3100 A/EKO/	STATE	0410	PURCI	HASE ORI	DER
While to certify that the above named m					abeled, and are in proper condition for
in neportation according to the applicat					
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□ HAZARDOUS M NON-HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. 35245

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It is is to certify that the above named m						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold o	copy for your records.
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□ HAZARDOUS ♥ NON—HAZARDOUS ♥ WASTE □ RECLAIMABLE MATL. NO. BSZSG

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lis to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with	appropriate	e regulations.	Keep canary copy for
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GENERATOR DATE SI		_		DE NO. 07-10045557766
COMPANY NAME DELCO	MORHINE	EF.	STATE I.D. NO	
ADDRESS 3/DO NIKEL	MORE KL	2,	PURCHASE O	RDER
City 2247011	STATE	OHIO		124_ PHONE 455-5365
this is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked and	l labeled, and are in proper condition for
Chaportation according to the applicate	4 K WN N 3		ansportation and the EP	A. Keep gold copy for your records.
	Print N	Name	HOMMS M. SAM	1088 Phone 455- 5365
TANSPORTER /	Come	EP.		
ADDRESS	SPITE			DDE
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to certify acceptance of the above				
mature my acceptance of the above	Print N	1/1/	MARTINI	Date Received 1-25-86
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DAYTON	STATE	OHIO	ZIP 454	
Certify completion of treatment	t, storage, reclamation,	or disposal in co	ompliance with appropria	ite regulations. Keep canary copy for
records. Forward white copy to				
rational Compath Con	Print N	Name/ <u>/ ← </u>	KIC TOP YX	TEL Date 4-25 26



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. ESZ63

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transportation according to the applicat					
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TRANSPORTER		EP.	A IDENTIFICA	TION NO.	
COMPANY	-14195		STA	TE I.D. COD	DE
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CITY	_				PHONE
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9 gnature	Print N	Name <u>Ziz</u>	<u> (- 1949)</u>	1200	Date Received 26-86
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DDRESS 1475 DRYL		OHIO	JOB	NO	129 PHONE 797-8597
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. B5267

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ADDRESS 3100 AIGEDA CITY DAYTOM		OHIO	PUF	RCHASE OH	24 PHONE <u>455-5365</u>
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation a	and the EPA.	Keep gold copy for your records.
Signature . M. Killio	Print N	Name 1400	24/5 Kl.	KALION	Phone 455-5365
TRANSPORTER	(1	EP	A IDENTIFICA	ATION NO.	
COMPANY	SAME				DE
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Ignature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	_			Date Received 4 28-86
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REATMENT/DISPOSAL FACILITY	ITH DAYTON	DUMP			E NO
DORESS 1975 DRYDE	W RD		JOE	NO.	
DAYTON	STATE	OH10	;	zip <u>454.</u>	39 PHONE 299-8591
Ultresords 5	t, storage, reclamation,	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
Currecords. Forward white copy to	generator. Processing	Solve Invoice	will begin u	pon receipt	or signed copy of this manifest.
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□ HAZARDOUS NON-HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSZ69

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ADDRESS S/OO NEED			STATE	HASE OR	
CITY	STATE	0410			29 PHONE 455-5365
This is to certify that the above named m					
ransportation according to the applicat					
Signature	<u> </u>	lame	1995 X/11	(_7 4,00)	DEP_ Phone 455-5365
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COMPANY	S11111C	· · · · · · · · · · · · · · · · · · ·			DE
ODRESS	STATE		JOB I.[ZIP		PHONE
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Signature	Print N	11 17	E MARTI		Date Received <u>4-29-86</u>
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DDRESS 1975 DEYN	EN RD.	217		I.D. NO.	
DAYTOU	STATE	OHID	JOB N	u. <u>454</u>	39 PHONE 299-3991
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records. Forward white copy to	generator. Processing o	of your invoice	will begin upor	receipt	of signed copy of this manifest.
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GENERATOR DATE S	HIPPED 5-1-8	6 EP	A IDENTIFIC	ATION COD	ENO. 040045557766
COMPANY NAME DEICO	MORAINE		•	ATE I.D. NO.	
ADDRESS 3/00 KICGL	MORE KO.			RCHASE OR	
CITY DAYTON	STATE	0410		_{ZIP} <u>454,</u>	
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged,	marked and i	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	apsportation a	and the EPA/	Keep gold copy for your records.
Signature . M. KUM	Print N	114	MAS		WORL Phone 455-5365
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ADDRESS					<u>•</u>
CITY					PHONE
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TREATMENT/DISPOSAL FACILITY	~~	, EP	A IDENTIFICA	ATION COD	E NO
COMPANY SOUTH DAY	TON DUMP	<u>, </u>	STA	ATE I.D. NO.	
ADDRESS 1475 DRIDE	(/	: <u>_</u>	JOE	3 NO	
CITY	STATE	0410		ZIP <u>459</u>	29 PHONE 299-8991
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance wit	h appropriate	e regulations. Keep canary copy for
your records. Forward white copy to					
Signature					Date 5/1/86
Organization	Print N	rame	<i>(~</i>		Date 2/



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NU. □ 17 8

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COMPANY NAME DELCO	MONHIUE.		STA		
ADDRESS 3100 NEKNI		0,410	PUF	RCHASE OR	DER
CITY	STATE				24 PHONE 455-5365
This is to certify that the above named in transportation according to the applical	•		-		• •
1 50 Par	_			, , ,	Phone 455-5365
Signature / / / //	Print N	Name	17/19-25 1 6	101,00	Phone Total Script
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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL.

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CITY — DELYTON	STATE	OHIO	PUR	CHASE OR	24 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records
	UNV Print N	10mg /HO/	WAS IV.	KANI	PK Phone 455-5365
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TRANSPORTER COMPANY	SAME	EP.)E
ADDRESS					/E
CITY	STATE				PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Jame MEC	1/1927	ill	Date Received 5-3-86
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	YTOM DIMP				
ADDRESS 1975 DRYDEN	U RD.			NO	
CITY	STATE	OHIO	Z	IP 454	39 PHONE 299-9891
This is to certify completion of treatmen	•			2 1	-
your records. Forward white copy to		•			
Signature Land balled	Print N	lame			Date 5/5/8/6



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSZ87

EMERGENCY INFORMATION				SCA	LE INFORMATION
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GENERATOR DATE S	HIPPED 5-6-8	36EP	A IDENTIFIC	ATION COD	ENO. OHD 0455577106
COMPANY NAME DELCO ADBRESS 3/00 N/EFD	MORE RD.	<u> </u>			
CITY DAYTON	STATE		PU	RCHASE OR	124 PHONE 455-5365
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transportation according to the applical					
Signature	ABW Print N	Name THO	VARS K	! KAUC	PR Phone 455-5365
TRANSPORTER			A IDENTIFIC		
COMPANY	SAME				DE
ADDRESS					
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	ropriate placards were offered
Signature Man Con	Print N	Name MEC	_ 14AC	7X!	Date Received <u>5-6-96</u>
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO
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ADDRESS 1978 DRYD		0440		3 NO	20 200 0001
CITY JAYTON	STATE	01410		zip <u>459</u>	
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ADDITIONAL INFORMATION:				
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COMPANY NAME AND	The state of the s		STATE I.D. NO.	
CITY CITY	STATE	The second second	PURCHASE ORI	PHONE 455 \$165
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			-	Keep gold copy for your records.
				Phone 1555365
TRANSPORTER				
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ADDRESS			JOB I.D. NO	PHONE
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the	ne above materials for shipme	nt. Keep pink co	py for your records. Appr	opriate placards were offered.
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CITY DAYTON	STATE	0,410	PUF	71P 454	24 PHONE 455-5365
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COMPANY SOLLTH DA	YTON DUMP		STA	TE I.D. NO.	
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ADDRESS 3100 ALEKDA			PUR	CHASE OR	DER
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COMPANY SOUTH DAYTON DUMP STATE I.D. NO.					
ADDRESS 1913 JAYDE	N P.	CH10		3 NO.	29 200-3001
	STATE	 		ZIP <u>427.</u>	39 PHONE 249-8841
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This is to certify acceptance of the above	•	4 17/-	py for your reco	oras. Appri	ان بم وسدود سسد
Signature	Print N	lame <u>/ /////</u>	1111211	<u>u:</u>	Date Received 5-755-86
TREATMENT/DISPOSAL FACILITY	·	eP/	•		E NO
1000 1000	YTOXI DUM				
ADDRESS 19/2 //W/Dr	<u>, , , , , , , , , , , , , , , , , , , </u>	040	JOB N	10. 454-	39 PHONE 299 8991
This is to certify completion of treatmen	STATE	or disposal in an			· ·
your records. Forward white copy to	_				-
Signature 40 mine copy is					(6/ _{Date} 5 - 23 - 16
Signature 7 100 100 Com	Print N	iame ()			Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BERZE

EMERGENCY INFORMATION		-		SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				,
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
		1	15 Cu	· 16.	Woods
		i			·
					
	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	∭ LANI	DFILL	OTHE	ER (Specify)
ADDITIONAL		•			
INFORMATION:					
<u> </u>		RTIFICATIO			
GENERATOR DATE S COMPANY NAME	HIPPED <u>5- 27-0</u> MORAINE	36 EP	A IDENTIFIC	ATION COD	ENO. 0400455577106
ADDRESS 3/00 NEED				RCHASE ORI	
CITY	STATE	OHIO	;	ZIP <u>4542</u>	24 PHONE 455-5365
This is to certify that the above named m	the state of the s				
transportation according to the applical					
Signature	Print N	Name THE	MAS A	1. KAL	10KL Phone 455. 5365
TRANSPORTER					
COMPANY	AME				E
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature Martin	Print N	Name //EL	MART	TIKI	Date Received 5-27-86
TREATMENT/DISPOSAL FACILITY			A IDENTIEIC	ATION COD	E NO
COMPANY SOUTH DA	YTOU DUIN	2			E NO
ADDRESS 1975 INVOR	N LO.			3 NO	
CITY	STATE	0410		ZIP 459	39 PHONE 299-8891
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance wit	h appropriate	e regulations. Keep canary copy for
your records. Forward white copy to	```				- 1 Same 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature Erineth C. L	11LOT Print N	Vame 1 CX	META	4 (1816	1. LOT Date 5-27846



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS332

EMERGENCY INFORMATION	· · · · · · · · · · · · · · · · · · ·			SCAI	LE INFORMATION	
IMMEDIATE RESPONSE INFO	RMATION					
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IN CASE OF EMERGENCY, NC		art.		IRAI	LER NO. TRACTOR NO.	
	(///	<u>-·`-</u>				
	SHIPPL	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLÁSS	QUANTITY	CONTAIN	FR TYPE	MATERIAL DESCRIPTION	
B.O.T. Offir ING BESOME FION	TIAZATID OLAGO	QUANTITI	001171111		MATERIAL BESONII TION	
		/	15 Cu.	VΩ	WOOD	
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	MATER	RIAL DISPOS	SITION			
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□ RECLAMATION □ II	NCINERATION	o LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
		RTIFICATIO	N.			
GENERATOR DATE S COMPANY NAME 200	HIDDED STATE	9/2 FD	A IDENTIFIC	ATION COD	FNO 0400455 5774/.	
COMPANY NAME AFT (PD)	HORPINE	: - / - (-) EP	A IDENTIFICA STA	ATELD NO	E NO.	
ADDRESS 3/00 MEKDA	PORE RO.		PUF	BCHASE ORDER		
CITY	STATE	01110		ZIP 454,	DER	
This is to certify that the above named n						
transportation according to the applica	ble regulations of the De	epartment of Tr	ansportation	and the EPA.	Keep gold copy for your records.	
Signature · · · · · · · · · · · · · · · · · · ·	ビゾル Print N	Name 7.464	048 - \$1.	FAUC	OKK Phone 455-5365	
TRANSPORTER						
COMPANY	一种机态				DE	
ADDRESS			JOE	B I.D. NO		
CITY						
This is to certify acceptance of the abo			, ,,			
Signature Man War Ton a	Print N	Name	MARI	<u>U</u>	Date Received <u>5-29-86</u>	
TREATMENT/DISPOSAL FACILITY	7 1	EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAY	2		STA	TE I.D. NO.		
ADDITION TO THE TAXABLE PROPERTY OF THE PARTY YDEN PD	2440	JOE	3 NO	20 -200 0601		
CITY	STATE	<u> </u>			39 PHONE 299 8591	
This is to certify completion of treatmen your records. Forward white copy to	-					
Signature Lange Line (,				
Signature 1 1000 1000 1 1000 1	Print N	varne	7 % (A.) / (A.)		Date 17 (27 (27 (27)	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 83333

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION				· · · · · · · · · · · · · · · · · · ·		
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IN CASE OF EMERGENCY, NOTIFY:				TRAILER NO. TRACTOR NO.		
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SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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MATERIAL DISPOSITION						
□ RECLAMATION □ INCINERATION						
ADDITIONAL						
INFORMATION:			.			
CERTIFICATION						
GENERATOR DATE SHIPPED 5-30-86 EPA IDENTIFICATION CODE NO. 0 1/555 7766 COMPANY NAME Delica marine STATE I.D. NO						
ADDRESS 3/00 needmork PURCHASE ORDER						
CITY Dayton STATE Ohis ZIP 45424 PHONE 455-5369						
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for						
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature Law onl	Print N	lame UACA	KEWO	mbo 1	Phone 5/555365	
RANSPORTER EPA IDENTIFICATION NO						
	\sim 1/2					
ADDRESS	DDRESS JOB I.D. NO					
CITY					PHONE	
This is to certify acceptance of the above					`	
Signature 11/0	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.						
ADDRESS LG/65 S Bryden Rd JOB NO						
0 1 1 0 0 6 8 8 9 1						
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for						
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
La CITTA STATE RELIGIET FORD TO EZAUL						
Signature Constitution of the Constitution of	Print N	Talling (



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. B.5338

EMERGENCY INFORMATION			——— <u>—</u>	SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
		1	/5	Sand	Wood
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ I	NCINERATION		DFILL		ER (Specify)
	ICINERATION	JEI, LAIN!	Drice	DOTHE	in (Specify)
ADDITIONAL INFORMATION:				·- · - ·	
	CI	RTIFICATIO)N		
GENERATOR DATE S				ATION CODI	ENO. OH DOUSSE 776
COMPANY NAME	MORAIN	ć	STA	TE I.D. NO.	
ADDRESS 3100 NO	DUNCE	01/12	PUR	CHASE ORI	DER
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This is to certify that the above named m transportation according to the applicate					
Signature h \ L L					
TRANSPORTER					
COMPANY					DE
ADDRESS 5AM	~ 1				
CITY					PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name		· · · · · · · · · · · · · · · · · · ·	Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION CODE	≣ NO
COMPANY JULITH D	AYTON DU	mp	STA	TE I.D. NO.	
ADDRESS 14655	IRYOUN	214	JOB	NO	126-1266 5 191
This is to a selffic and lating of the self-	STATE				439 PHONE 299 8 191
This is to certify completion of treatmen your records. Forward white copy to					
Signature To Control Miles	·	/ / '		^ `	PLE Date 5 1 36
The state of the s	the time			27 C 116	7 540 7000



□ HAZARDOUS È NON—HAZARDOUS È WASTE □ RECLAIMABLE MATL. NO. BSSZO

EMERGENCY INFORMATION			SCALE INFORMATION		
IMMEDIATE RESPONSE INFO	RMATION				
					
	V. A.				
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
	110				
	M.H.				
	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
		7	15 W	, YD.	WOOD
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION) LAN	DFILL	□ OTH	ER (Specify)
ADDITIONAL					
INFORMATION:					
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	CI	ERTIFICATIO)N		
GENERATOR DATE S	HIPPED <u>6-2-6</u>	<u>6</u> EP/	A IDENTIFIC	ATION COD	ENO. 04D 04555776W
COMPANY NAME	<u>PIORHIUE -</u>	,3	STA	ATE I.D. NO.	
ADDRESS 3/00 1/6.60		0. O. O.	PUF	RCHASE OR	DER
CITY DAYTON	STATE	-			
This is to certify that the above named m					
transportation according to the applical	ole regulations of the Di	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name <u>- 1510</u>	<u> 49945 - 1</u>	11 · KF/A	110R Phone 455-5365
TRANSPORTER	Carne	EPA	A IDENTIFIC	ATION NO	
COMPANY	ANTE		STA	ATE I.D. COD	DE
ADDRESS					
					PHONE
This is to certify acceptance of the above	,	1 - 1			
Signature	<u>ज्</u> र	Name ///	11/40	TAI.	Date Received 6: 7-66
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFIC	ATION CODI	E NO
COMPANY OLL THE	DAYTON D	(INI)	STA	ATE I.D. NO.	
ADDRESS 14/3 JAYDA	EL! KO:	· · · · · · · · · · · · · · · · · · ·	JOE	3 NO.	200 0000
CITY	STATE	01410		ZIP <u>434.</u>	39 PHONE 299 8841
This is to certify completion of treatmen	•				- ·
your records. Forward white copy to					
Signature/(Enrich S	Print N	Vame (<i>/ C- / \</i>	- MILC	07 Date 6 286



EMERGENCY INFORMATION	- 10			SCAL	E INFORMATION
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IN CASE OF EMERGENCY, NO	TIEV:			TRAII	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	ER TYPE	MATERIAL DESCRIPTION
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	NA ATE	RIAL DISPOS	SITION		
					
□ RECLAMATION □ IN	CINERATION	Į LANI	DFILL	OTHE	ER (Specify)
ADDITIONAL INFORMATION:		, 		····	
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	Ct	ERTIFICATIO)N		ENO. OHD 045557766
GENERATOR DATE SI	MOPALLIC	EP.	A IDENTIFICA	TION CODE	E NO. (141) (143)
ADDRESS 3/00 N/K/O/M	IORK KD.			CHASE ORI	
CITY	STATE	OHIO	Z	IP <u>454</u>	74 PHONE 955 5365
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, m	narked and la	
transportation according to the applicat	_	epartment of Tra	ansportation a	, ,,	
Signature	Print N	Name TAA	DIAS AL	FANO	Phone 455-5365
TRANSPORTER				TION NO	
COMPANY	SAME		STAT	TE I.D. COD	E
ADDRESS		·	JOB	I.D. NO	
CITY	STATE				PHONE
This is to certify acceptance of the abov	<i>"</i>		4 41 .		
Signature Mill Milan	Print N	Name //E	MARI	TIN	Date Received 6.3-86
TREATMENT/DISPOSAL FACILITY_	***	EP.	A IDENTIFICA	TION CODE	E NO
	YTOM Du.	UND .	STAT	ΓΕ I.D. NO.	
ADDRESS 1975 DRYD	EN RD	65.7.6	JOB	NO	20 201 000
CITY	STATE	01910		IP <u>459</u>	39 PHONE 299-8811
This is to certify completion of treatment					
your records. Forward white copy to		<i>3 1</i>		200	
Signature/16/17/	PILL OT Print N	lame 1 5 M	AIL-/ IT	110 /	Date J J O



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS346

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	RMATION					
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IN CASE OF EMERGENCY, NO	TIFY:			TRAII	LER NO. TRACTOR NO.	
	Alil.					
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	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
		/	15 Cu	. 1/2).	WOOD	
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	MATE	RIAL DISPOS	SITION			
RECLAMATION II	NCINERATION	X LAN	DÉILL	OTHE	ER (Specify)	
					(3)	
ADDITIONAL INFORMATION:						
7,11 01,111,101,11						
	CI	RTIFICATIO				
GENERATOR DATE S	HIPPED 6-4-6	96 ep	A IDENTIFIC	ATION CODI	ENO. OHD 045557766	
COMPANY NAME DECCO	MORAINE		STA	ATE I.D. NO.		
ADDRESS STOP MELEDIN	TORE FOR	0110	PUF	RCHASE ORI	DER	
CITY	STATE	OHIO			24_ PHONE 455-5365	
This is to certify that the above named m			_			
transportation according to the applicat	. =			i 17		
Signature - // / / / / / / / / / / / / / / / / /	Print N	Name ///	VIIIS KI	SHI C	Phone 155-5365	
TRANSPORTER	5.	EP.	A IDENTIFIC	ATION NO		
COMPANY	SAME		STA	ATE I.D. COD	DE	
ADDRESS						
CITY					·	
This is to certify acceptance of the about	- -	11-	1	ecords. Appr		
Signature Mel Wes	Le_ Print N	Name MEC	_ [HETT	<u>//</u>	Date Received 6-9-86	
TREATMENT/DISPOSAL FACILITY		EP EP	A IDENTIFIC	ATION CODE	E NO	
COMPANY SOLITY SA	YTON DUM		STA	ATE I.D. NO.		
ADDRESS 14/5 DEVDEN	(KD)	640	JOE	3 NO	120 200 000	
CITY	STATE	1410			39_ PHONE 299-8891	
This is to certify completion of treatmen						
your records. Forward white copy to	77/12/	11/2/1	will begin u	1 12	7771	
Signature AMATAC	KLL() Print 1	Name (EX)	7017	CARIL	101 Date 386	
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□ HAZARDOUS NON—HAZARDOUS (WASTE □ RECLAIMABLE MATL. NO. PS349

EMERGENCY INFORMATION			S	CALE INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION			
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IN CASE OF EMERGENCY, NO	TIEV			RAILER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NO			·	MACTON NO.
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	SHIPPI	NG INFORM	IATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TY	PE MATERIAL DESCRIPTION
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	14477	NAL BIORO	NTION	
	MAILE	RIAL DISPOS	SITION	
□ RECLAMATION □ II	NCINERATION	其 LANI	DFILL 0	THER (Specify)
ADDITIONAL INFORMATION:				
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GENERATOR DATE SI	WOOD 6-8-8	6 50	A IDENTIFICATION	CORENO DUINASSETTIALA
GENERATOR DATE SI	HIPPED OF SILVE	<u></u> EP,	A IDENTIFICATION (NO
ADDRESS 3/00 NECOM	ORE RD.		PURCHASE	ORDER
CITY	STATE	OHIO	zip 4	5424 PHONE 455 53125
	aterials are properly clas	ssified, describe	d, packaged, marked	and labeled, and are in proper condition for
transportation according to the applicat	le regulations of the De	epartment of Tra	ansportation and the	EPA. Keep gold copy for your records.
Signature	MOW_ Print N	lame 140	UPS N. HAN	OPP Phone 455-5365
TRANSPORTER	,			NO
COMPANY	JAW1.C			CODE
ADDRESS			JOB I.D. NO	
CITY	STATE			PHONE
This is to certify acceptance of the above	e materials for shipmer		147 1 .	
Signature	Print N ب	lame <u>MEC</u>	MARTIN	Date Received 6-5-86
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICATION (CODE NO.
COMPANY	DOUTH DA	AYYOU DU	Λ	NO
ADDRESS	W KD'	6:4:6	JOB NO	770 000 6001
CITY	STATE	DHO	zip <i>_9</i>	54.39 PHONE 294-989/
				priate regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing (of your invoice	will begin upon rec	eipt of signed copy of this manifest.
Signature	Print N	lame)		Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BISISI

EMERGENCY INFORMATION				SCAI	LE INFORMATION
IMMEDIATE RESPONSE INFO	RMATION		-		,
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IN CASE OF EMEDOENCY NO	TIEV				_
IN CASE OF EMERGENCY, NO	(a			IRAI	LER NO. TRACTOR NO.
	MiHi				
	SHIPPI	NG INFORM	ATION		· · · · · · · · · · · · · · · · · · ·
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
B.O.T. OF IT IN A BESONIII FION	TIAZAND OLAGO	QUANTITI	OONTAIN	CH THE	MATERIAL DESCRIPTION
		1.	15 Ce	V0	WOOD
			/ U	_ , YD.	500015
		DIAL DISSO	NEIGH		
	MAIL	RIAL DISPOS	 		
□ RECLAMATION □ IN	NCINERATION) LANI	DFILL	OTH	ER (Specify)
ADDITIONAL					
INFORMATION:					
		RTIFICATIO			
GENERATOR DATE S	1,	16 EP			ENO. OHD CASSS7766
COMPANY NAME OF THE PARTY OF TH	MORAINE.			TE I.D. NO.	
Day	72700	0410	PUF	RCHASE OR	74 PHONE 455-52/05
This is to certify that the above named m	STATE				· ·
transportation according to the applicat					
	(V,V)	Tilo	14< 11.	19110	Phone 455 5365
Signature ////////////////////////////////////	Print N		<u> </u>	/ // //	
TRANSPORTER	. Sanc	EP/			
COMPANY	COMME				DE
ADDRESS	STATE	<u> </u>			PHONE
This is to certify acceptance of the above		4			• 1
Signature M. (1 M)	D_{-}	100	1.71	7711	Date Received 6-6-86
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TREATMENT/DISPOSAL FACILITY	ITON DUMP) EP/			E NO
ADDRESS 1975 DEVDEA			\$1A		
CITY		OHIO		ZIP 454	39 PHONE 299-8891
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature		lame		· ·	
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□ HAZARDOUS H NON-HAZARDOUS H WASTE □ RECLAIMABLE MATL. NO. BISIS

EMERGENCY INFORMATION	······································		SCA	LE INFORMATION		
IMMEDIATE RESPONSE INFO	RMATION	, <u>a.</u> ,				
	N.A.	,, <u>,</u>				
:	4.,,,		NET	WT		
IN CASE OF EMERGENCY, NO				ILER NO. TRACTOR NO.		
	11.17.					
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
		1	15 Cu. Yo.	WOOD		
	MATE	RIAL DISPOS	SITION			
□ RECLAMATION □ I	NCINERATION	<u>□</u> LANI	OFILL OTH	IER (Specify)		
ADDITIONAL INFORMATION:						
	CE	RTIFICATIO	N			
GENERATOR DATE S				DE NO. CMOCASSO 7766		
COMPANY NAME DECEO	HIPPED 6-7-6		STATE I.D. NO			
ADDRESS STOO NEED	MOSE KO		PURCHASE O	RCHASE ORDER		
CITY	STATE	0.1110	ZIP <u><</u> 2.59	PHONE SST STATE		
This is to certify that the above named n						
transportation according to the applica	ble regulations of the De	epartment of Tra	insportation and the EP/	A. Keep gold copy for your records.		
Signature	Print N	Name	HAPPE RICKFUL	Oct. Phone 455-5365		
TRANSPORTER	Carr	EP/	A IDENTIFICATION NO.			
COMPANY	SHARE		STATE I.D. CC	DE		
ADDRESS			-			
				PHONE		
This is to certify acceptance of the abo			py for your records. App			
Signature 17 1 28 1700	in King. Print N	Name _/'/\sigma_	- MARIAN	Date Received <u>& 7-86</u>		
TREATMENT/DISPOSAL FACILITY	and Dure	EP/	A IDENTIFICATION COI	DE NO		
11175 77/11	MON DUMP					
ADDRESS 19/1	IER AU	0410	JOB NO	139_ PHONE 299-8091		
This is to certify completion of treetmen	STATE	·-	ZIP			
This is to certify completion of treatmen your records. Forward white copy to		•		•		
,	Print N	•		1 1-101		
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EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
					
	N.H.				
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IN CASE OF EMERGENCY, NO	11FY:	<u>.</u>		IRAI	LER NO. TRACTOR NO.
	H.H.	·			
	SHIPPI	NG INFORM	IATION		1
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IFR TYPE	MATERIAL DESCRIPTION
B.O.T. SITH FING BESOME FION	HAZAND OLAGO	QUANTITI	OOMIAII	· L · · · · · · · ·	MATERIAL DESCRIPTION
		,	15 G1	×7×.	Wonn
		· · · · · · · · · · · · · · · · · · ·	786 337	<u>. 192</u>	00()/113
	MATER	 RIAL DISPOS	SITION		
					
□ RECLAMATION □ II	NCINERATION	JA LAN	DFILL	OTHE	ER (Specify)
ADDITIONAL					
INFORMATION:			_		
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					- OHDMESS 776/2
1)	HIPPED <u>6-9-8</u>		A IDENTIFIC		ENO. OHD 04555 7766
ADDRESS 300 NECO	MORK KD.			RCHASE OR	
CITY	STATE	OHO	FUR	zip 459	74 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applicat					
Signature 71	WOW) Print N	Jame 7/40	DIARS XL	KAKOK	Phone 455-5365
TRANSPORTER					
COMPANY	SAME	Cr.			E
ADDRESS					
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink ço	py for your r	ecords. Appr	opriate placards were offered.
Signature Mill M	ala Print N	lame 11/6	C MAR.	TIN	Date Received 6-9-96
TREATMENT/DISPOSAL FACILITY	_	EP.	A IDENTIFIC	ATION CODI	E NO
·	YTOM DIM			ATE I.D. NO.	
ADDRESS 1975 DRYDICA	1 KD.			3 NO	
CITY	STATE	0410		ZIP <u>454.</u>	39_ PHONE 209-8891
This is to certify completion of treatmen				A 200	-
your records. Forward white copy to					
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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | RESERVED. |

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GENERATOR DATE S				ATION COD	TNO OHDO	45557766
COMPANY NAME DECED	MORAINE	/)		ATE I.D. NO.		7-000
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This is to certify that the above named m						
transportation according to the applical	ole regulations of the De					
Signature	LOW Print N	lame ///	21195 1	V. KHIL	OKK Phone	455-S365
TRANSPORTER	Carr	EPA	A IDENTIFIC	ATION NO.	r*	
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ADDRESS						
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Signature Mil Man	Print N	lame //	1/1/4/2	7/11	Date Re	eceived 6-10-86
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COMPANY SOUTH DA	1470N DUN		STA	ATE I.D. NO.		
ADDRESS 1915 DRYD	KLI KD.	01/10		3 NO.	20	700 0001
CITY	STATE	0410		ZIP <u>434</u>		<u> </u>
This is to certify completion of treatmen your records.,Forward white copy, to						
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Signature Country	2 OD Print N	lame (<u> </u>	∠ / _ Date ≤	J



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GENERATOR - DATE S					ENO. 04D 04555771010
COMPANY NAME DELLO	MORAINE	<u> </u>	STAT		
ADDRESS 3100 AIEEDI	MORK RP.			HASE OR	
CITY	STATE	0410	ZIF	954	24_ PHONE 255-5365
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transportation according to the applical	ble regulations of the De	epartment of Tra	/	//.	
Signature	Print N	lame	MAS N.	SHOL	ORK Phone 455-5365
TRANSPORTER	Carr	EPA	A IDENTIFICAT	ION NO	
COMPANY	SHMC		STATI	E I.D. COD	DE
ADDRESS					·
CITY					PHONE
This is to certify acceptance of the about	- ()	4/1/			· ·
Signature////	2000 Print N	lame MEC	MARTI	<u>U</u>	Date Received 6-//-85
TREATMENT/DISPOSAL FACILITY	Wray Du	EP.	A IDENTIFICAT	ION CODI	E NO
COMPANY 1975 TOLOW	YTON DE	7470			
ADDRESS 77/3 LRYDR	~	OHIO	JOB N	10.	39 PHONE 200-898/
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS365

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIPPED 6- 13-	<u>86</u> EP.			ENO. OHLO45557766
COMPANY NAME	PROEFFICIE POLE KO.			TE I.D. NO.	
ADDRESS 200 ALEDIA		0410		CHASE OR	DER
This is to certify that the above named m	STATE				
transportation according to the applical					
1 YI WELL	JORR Print N	lame THOM	14(1/	KANION	Phone 455-5365
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TRANSPORTER	SAME				
COMPANY	<u> </u>				DE
ADDRESS	STATE				PHONE
This is to certify acceptance of the above					
Signature my Man	Print N				Date Received 6-13-86
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COMPANY SOUTH	YTON DUM	Ø EP/			E NO
ADDRESS ATS DRYDE	W RO.		57A JOB		
CITY	STATE	0410		IP 454	39 PHONE 294-9891
This is to certify completion of treatmen					
your records. Forward white copy to	-				_
Signature On and It					10TDate 6.1386
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□ HAZARDOUS A NON—HAZARDOUS A WASTE □ RECLAIMABLE MATL. NO. 5365

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□ RECLAMATION □ I	NCINERATION	je LANI	DFILL	□ OTHI	ER (Specify)
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1 200					ENO. OHDO45557766
240 1/20	WORAINE PUL		ST/		
ADDRESS 3/00 (JEF D)	STATE	0410	PUI	71P 454	DEB
This is to certify that the above named n					
transportation according to the applica	ble regulations of the D				
Signature . N. Kull	WW Print N	7211	MAS KL.		
TRANSPORTER	C_{Δ}				
COMPANY	XIME				DE
ADDRESS	7721				
CITY	STATE	<u> </u>		ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co			, , , ,
Signature Ment	Print N	Name MEL	MARTIN	/	Date Received 6-14-86
TREATMENT/DISPOSAL FACILITY		. EP	A IDENTIFIC	ATION COD	E NO
	STON DUMP				
ADDRESS 1475 DRYDEN	ED.		JOE	3 NO	
CITY	STATE	OHIO		zip <u>454</u>	39 PHONE 299-8991
This is to certify completion of treatmer					
your records. Forward white copy to		S		•	
Signature	Print N	Name		· · · · · · · · · · · · · · · · · · ·	Date 4/14/50_



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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		ERTIFICATION			0/1001555371
GENERATOR DATES	HIPPED <u>6-16-3</u> 11024121&	EP EP			ENO. <u>CHIDO4555776</u>
COMPANY NAME SOLLO ADDRESS 3/00 1/661	MORE RO.			TE I.D. NO. CHASE OR	
CITY _ DAYTON	STATE	DHIO		IP 4542	74 PHONE 455-53
This is to certify that the above named m					
transportation according to the applica	ble regulations of the De	epartment of Tr	ansportation a	nd the EPA.	Keep gold copy for your recor
Signature Signature	OV Print N	Name THOP	MAS KL.	KANOK	Phone 455-531
TRANSPORTER					
COMPANY	SAME	·			DE
ADDRESS					
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This is to certify acceptance of the abo	ve materials for shipmer		1 1//		opriate placards were offered.
Signature Mal Ma	Print N	Name ///	MART	W.	Date Received 6.16-6
TREATMENT/DISPOSAL FACILITY	2	, EP	A IDENTIFICA	TION COD	E NO
COMPANY SOLITH ST	AYTON DUR	W.	STA	ΓΕ I.D. NO.	
ADDRESS 1913 LAVIDE	U KD	OHO	JOB	151	39 PHONE 299-389
CITY SIMPLE	STATE	OHIO		IP <u>434.</u>	1110112
This is to certify completion of treatment your records. Forward white copy to		•			
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Signature	Print N	Name			Date 4/19/5/8



□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NO. 15374

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GENERATOR DATE S	HIPPED 6-17-8	6 EP	A IDENTIFICATION	CODE NO. 040 045557766
COMPANY NAME	TOPAIRIE		STATE I.D	NO
ADDRESS 3/00 M/F/FI)	MURE KI	0440	PURCHAS	E ORDER
CITY				5929 PHONE 955-5365
·	• • • •			and labeled, and are in proper condition for
~ 1.20 KM \sim	Sile regulations of the De	epartment of Tra	insportation and the	EPA. Keep gold copy for your records. ORK Phone 955-5365
Signature	Print N	lame	7/75 10 1270	Phone 933 3 301
TRANSPORTER	SAME	EPA	A IDENTIFICATION	NO
COMPANY	-JA11/C			CODE
ADDRESS				0
This is to certify acceptance of the above				PHONE
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Signature Macket	Print N	lame //CC	7 /////	Date Received 19 17 09
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7)0,4		OHIO	JOB NO	15439 PHONE 299-8891
This is to certify completion of treatment	STATE		•	priate regulations. Keep canary copy for
your records. Forward white copy to				· · · ·
Signature	Print N			Date 4/17/66
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COMPANY NAME DEICO	HIPPED <u>O-19-E</u> MOLANIE	EP	STAT		E NO. (1/2 5 7 5 15 15 15 15 15 15 15 15 15 15 15 15 1
ADDRESS _ 3/00 NEX	MORE KL	7.		CHASE ORI	DER
CITY	STATE	0410			24 PHONE \$55.5365
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, m	arked and la	abeled, and are in proper condition for
transportation according to the applical					
Signature . Y . Auch	MV Print N	Name 7H	OMAS KI	<u> KAU</u>	OPR Phone 455-5345
TRANSPORTER	<u> </u>	EP.	A IDENTIFICAT	TION NO	
COMPANY	SIGMIE		STAT	E I.D. COD	DE
ADDRESS		<u> </u>	JOB I	.D. NO	
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This is to certify acceptance of the above	ve materials for shipmer منظمة	nt. Keep pink co	4 1/21		-
Signature 11/1/1/100	Print N	lame	(MAR	11,61	Date Received 6-19-36
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ADDRESS 1915 DAY) FN KD JOB NO				رسے ہر	139 PHONE 799-8891
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 83389

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	HIPPED <u>1 12 12 12 1</u>	EP	A IDENTIFICA STA	ATION COD	E NO.*
COMPANY NAME	Armer T	r. ¹	917 PUF	RCHASE OR	DER
CITY	STATE	9 . A	Z	ZIP <u>A STALL</u>	PHONE 25
This is to certify that the above named n	naterials are properly clá	ssified, describe	d, packaged, r	marked and I	abeled, and are in proper condition for
transportation according to the applica					
Signature	Print N	Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	994 B	Phone 2
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	
COMPÁNY	<u> </u>		STA	TE I.D. COD	DE
ADDRESS			JOE	3 I.D. NO	
CITY					PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name -	<u> </u>	<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY	er v	EP.	A IDENTIFICA	ATION COD	E NO
COMPANY South Duyle	In Syldenger		STA	TE I.D. NO.	
ADDRESS 173112	H3	7 1	JOB	NO	.5.6 2.666
CITY	-	-			(3.9) PHONE 2 (2.9) (2.84)
This is to certify completion of treatmen	-				•
your records. Forward white copy to Signature	generator, Processing	or your invoice	wiii begin ul	on receipt	or signed copy or this manifest.
Signature And And And And And And And And And And	<u>// / / / Print/N</u>	Name · · · · ·	<u> </u>	<u> </u>	Date:



ENVIRONMENTAL MANIFEST - HAZARDOUS NON-HAZARDOUS WASTE - RECLAIMABLE MATL. NO. 18389

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	SHIPPI	NG INFORM	IATION	
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		1	20 Cu. YD.	WOOD
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	MATER	RIAL DISPOS	SITION	
□ RECLAMATION □ II	NCINERATION	¥ LANI	OFILL OTH	ER (Specify)
ADDITIONAL	<u> </u>			
INFORMATION:				
		RTIFICATIO)N	
GENERATOR DATE S				END 070/00/00 5772 C
COMPANY NAME	MORINUE	<u> </u>	STATE ID NO	E NO. 0/2 0/23 5 77/6 0
ADDRESS 3/00 MESA	MORE KU		PURCHASE OF	DER
CITY SUPPLY TON	STATE	0.400	zip <u>454</u>	DERPHONE
This is to certify that the above named m				
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation and the EPA	. Keep gold copy for your records.
Signature Signature	Print N	Name	19943 NO KAGOO	Phone 455
TRANSPORTER	, and			
COMPANY	S. 2-11/12			DE
ADDRESS				
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your records. Appl	ropriate placards were offered.
Signature 1000	Print N	lame	<u>MANNO</u>	Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICATION COD	E NO
COMPANY _ SOUTH DA	HOW DUM	(F)		
ADDRESS 1975 LARYDE	W KD.		JOB NO	
CITY	STATE	OHO	zip <u>459</u>	39 PHONE 274 89/1
This is to certify completion of treatmen	<u>-</u>	=		,
your records. Forward white copy to				
Signature Francis TR SI	Y/LLO/ Print N	lamé! <u>F.V</u>	MITHG R	1 - C Date - C - C - C - C - C - C - C - C - C -



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. PSIGN

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
		/	15 C11	. YD.	WOOD	
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CITY	CTATE	104/10	PUI	TID CASE OH	24 PHONE <u>455-5365</u>	
This is to certify that the above named m						
transportation according to the applical						
Signature 1. M. KANA	Drint N	James 724	mus 1	1. K4110	25 Phone 455-52765	
	FIIII N					
TRANSPORTER	S. A. 1115	EP				
ADDRESS				3 I.D. NO)E	
	STATE				PHONE	
This is to certify acceptance of the above						
Signature And Manager	Orint N	lama ME	14000	WAS !	Date Received 6.75	
	r micro			-10M	•	
TREATMENT/DISPOSAL FACILITY COMPANY	ANTON DISTA	EP/ الرين	A IDENTIFIC:	ATION CODI	E NO	
ADDRESS 1975 DAVDEN	C RO.		7	3,00.		
CITY	STATE	OHIO	V	ZIP 454	39 PHONE 299-8801	
This is to certify completion of treatmen			mpliance wit	h appropriate		
your records. Forward white copy to	-				- '	
Signature Francisch C	Print N	lame/	NET!	<u>jCic.</u>	Opte / State	



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | BSEPS

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYP	E MATERIAL DESCRIPTION
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ADDRESS 3100 NEEDIN	PORE RD.	0.460	PURCHASE	ORDER
CITY WHY OLD				424 PHONE 455-5365
				nd labeled, and are in proper condition for
-1	Die regulations of the Di	epartment of Tr	ansportation and the E	PA. Keep gold copy for your records.
Signature	Print N	Name	MAS NO. KAND	OEE Phone 455-5365
TRANSPORTER	Cour	EP	A IDENTIFICATION N	0
COMPANY	SHME		STATE I.D. 0	CODE
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Signature /// / / / / / / / / / / / / / / / / /	<u>م کلب </u>	Name	MACIN	Date Received 6-26-86
TREATMENT/DISPOSAL FACILITY	Company There	e EP	A IDENTIFICATION C	ODE NO.
COMPANT	YTOM DUMP		STATE I.D. N	10
ADDRESS 1475 DEYDE		040	JOB NO	120 -100 0001
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your records. Forward white copy to				1/201/1
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□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS400

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CITY		_,			9 PHONE 455 5565
This is to certify that the above named m					
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COMPANY	534445				DE
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
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Your records. Forward white copy to	generator. Processing	of your invoice		7 '	, - ,
Signature Kenneth /	Print N	lame <u>Kr</u>	ninde7 h	(S.R)	10 Date 6-28-75



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	WW Print N	lame/H	CMAS K	I. KAN	ORC Phone 455-5365
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS405

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COMPANY NAME DECO	MORE RD	· · · · · · · · · · · · · · · · · · ·	STATE I.D. NO. PURCHASE OR	•
CITY DAYTON	STATE	OHIO	zip 454	
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itransportation according to the applical		epartment of Tra		
Signature	Drint N	lame/#C	WORS N. THU	OCK Phone 455-5365
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ADDRESS			JOB I.D. NO	
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ADDRESS 3100 NEEDI	TORE PD.		PURCHAS	SE ORDER
CITY	STATE	OHIO	zip <u>-</u>	15424 PHONE 455-5365
This is to certify that the above named m	•			d and labeled, and are in proper condition for
Iransportation according to the applical	ole regulations of the De	epartment of Tra	, ,,	EPA. Keep gold copy for your records.
Signature . N. A.W	Print N	Name ////	MYS KI. KF	ALIORK Phone 455-5365
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CITY	STATE		JOB I.D. N	PHONE
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COMPANY SOLUTY DA	YTON DUMP) EP	STATE I.D	CODE NO.
ADDRESS 1975 DRYDEN	RO.		JOB NO	
CITY DAYTON	STATE	OHIO	ZIP	15439 PHONE 299-8891
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS4//

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COMPANY		7		I.D. NO	DE		
CITY	STATE			IP	PHONE		
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Signature Mil Migal	teo Print N	Name	C MAN	TIN	Date Received 7.3-86		
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ADDRESS 1975 DEVDEN	1 RD.			TE I.D. NO. NO			
CITY DAYTON	STATE	OHIO		IP 454	39 PHONE 298-889/		
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Out records. Forward white copy to			will begin up	on receipt	of signed copy of this manifest.		
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. PS474

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COMPANY	SAME	EP		IO
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ins is to certify acceptance of the above	ie materials for shipmer	nt. Keep pink co	py for your records.	Appropriate placards were offered.
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ADDRESS 1975 DRYDE	y Ko.		JOB NO	
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ADDRESS 3100 ALEEDM			STA	CHASE ORI	DER	
CITY	STATE	040	2	ZIP 45479 PHONE 455-5365		
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transportation according to the applicat						
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□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. B5479

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COMPANY NAME DELCO M	DRAINE		STA	TE I.D. NO.	110.	
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CITY DHYTOK					24 PHONE 455-5365	
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Signature					Phone 455-5365	
	Print P	Name	177 -3 70	17710	Phone Ted 6506	
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COMPANY SOUTH DA	YTON DUM	ρ		TE I.D. NO.		
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COMPANY NAME - DECCO ///			STA	TE I.D. NO.	
ADDRESS 3/00 KEED	MORE KD	OHIO	PUR	CHASE OR	DER
$\frac{\text{City}}{2} = \frac{2}{2} \frac{2}{3} \frac{1}{3} \frac{1}$	STATE				24 PHONE 455-5365
This is to certify that the above named m transportation according to the applicab					
		Name 740/			Phone 455-5365
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TRANSPORTER COMPANY	SAME				
ADDRESS	07,70		JOB		DE
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his is to certify acceptance of the abov	e materials for shipmer	nt. Keep pink co			
Ignature Mo. M.	Print N	Mr	MAR	TIN	Date Received 7-10-86
REATMENT/DISPOSAL FACILITY		FP	A IDENTIFICA	TION COD	C
OMPANYOUTH DAY	TON DUMP			TE I.D. NO.	
ADDRESS 1975 DRYDE	U KD.	1	JOB	NO	700 0001
LAYTON	STATE()H10	Z	11P <u>454.</u>	39 PHONE 299-659/
Out record F	, storage, reclamation,	or disposal in co	mpliance with	appropriate	e regulations. Keep canary copy for
rorward white copy to	generator, Processing	or your invoice	will begin up	on receipt	7/10/01-
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CATMENT/DISPOSAL FACILITY OMPANY OUTH DAY DORESS 1975 DEV DEV OUTH DAY OF THE COMPANY OF THE COM	STATE Storage, reclamation, generator. Processing	DHIO or disposal in co	STA JOB Zompliance with will begin up	TE I.D. NO. NO TIP 454	PHONE Z99-839/ e regulations. Keep canary copy for of signed copy of this manifest.



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS4ZS

EMERGENCY INFORMATION			SCA	ALE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. VD.	WOOD
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.BS428

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	OW Print N	Name 140/	MAS N	KAU	ORK Phone 455-5365
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□ HAZARDOUS NON—HAZARDOUS NO WASTE □ RECLAIMABLE MATL. NO.

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CITY DAYTON	STATE	OHIO	PUP	11P 4542	24 PHONE 455-536	5
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gnature Mally	Print N	lame	MIHE	TIN	Date Received 7-/5-8	36
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DAYTON/	STATE	OHIO		IP 454	39 PHONE 299-889	<u>Z</u>
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□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. PSF30

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ADDRESS 3/00 NEED			SIAI	CHASE ORI	DER
OUTY DAYTON	STATE	OHO	ZI	P 4517	24 PHONE 455-5365
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iransportation according to the applicat					
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COMPANY	SAME	·			DE
ADDRESS	· · · · · · · · · · · · · · · · · · ·				
CITY	STATE			•	PHONE
This is to certify acceptance of the above		1/1			
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ADDRESS 3100 NEED	MORE RD.		PURCHA	SE ORDER	
CITY	STATE	01110	ZIP <u><</u>	15474	PHONE 455-5365
This is to certify that the above named m	,				
transportation according to the applical					
	Print N	Name 1HO			Phone <u>455-5365</u>
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ADDRESS				D. CODE NO	
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Inis is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your record		
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NU.BS442

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GENERATOR DATE S		36 EP/	A IDENTIFICATION COD	ENO. 040045557786
COMPANY NAME	POPAINE	<u> </u>	STATE I.D. NO.	
ADDRESS 3/00 NEKO		0 H10	PURCHASE OF	DER COTT COAST
GW.	STATE			24 PHONE 455-5265
This is to certify that the above named m				
			- , ,	Phone 455-5565
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this is to certify acceptance of the above		nt. Keep pink co	i i	
Signature Mod Ma	Print N	100	MARTIN	Date Received 7-19-86
REATMENT/DISPOSAL FACILITY				Ċ
COMPANY SULTY DA	YTOU DUIN	نوا	A IDENTIFICATION COD STATE I.D. NO.	
ADDRESS 1975 DAYD	EN KD		JOB NO	
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records. Forward white copy to	generator. Processing (of your invoice	will begin upon receipt	of signed copy of this manifest.
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□ HAZARDOUS 📈 NON—HAZARDOUS 💆 WASTE □ RECLAIMABLE MATL.

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INFORMATION:					
CERTIFICATION					
GENERATOR DATE SHIPPED 7-21-86 EPA IDENTIFICATION CODE NO. 0HD045557766					
COMPANY NAME DELGO MORATURE STATE I.D. NO					
ADDRESS 3/00 NEEDINGUE FD. PURCHASE ORDER					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for					
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature . VI , CONON Print Name HOMAS N. KANORE Phone 455-5368					
TRANSPORTER	ORTER EPA IDENTIFICATION NO				
COMPANY	STATE I.D. CODE				
ADDRESS					
STATE ZIP PHONE Inits is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature D & Man I 1 Print Name MEC MARTIN Date Received 7-21-86					
Date Neceived					
COMPANY DUTH DAYTON DUMP STATE I.D. NO.					
ADDRESS 1975 DRYDEN DD. JOB NO.					
STATE 0110 ZIP 95439 PHONE 291-8891					
Mells to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for					
Integrals Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Contine Cenneth Liki L-107 Print Name (EXILIETH GRILLOTDate 4-21-86					



□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NO. BEATE

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COMPANY NAME DE (CO)	WOOF PO			ATE I.D. NO.	
ADDRESS 3/00 NEFD)	STATE	040	PUF	RCHASE OR ZIP <u>454.</u>	DER
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transportation according to the applicat					
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ADDRESS					/E
CITY	STATE				PHONE
This is to certify acceptance of the above		nt. Keep pink co			
Signature	Print N	111	MART	W	Date Received 7-22-36
TREATMENT/DISPOSAL FACILITY_			A IDENTIFICA	ATION COD	E NO
COMPANY SOLETAL DA	YTON DIVA	P		TE I.D. NO.	
ADDRESS 1975 DRVDE	W KD.	<u> </u>		3 NO	
CITY DAYTON STATE 0410 ZIP 45939 PHONE 201-8891					
This is to certify completion of treatment	t, storage, reclamation, e	or disposal in co	ompliance with	n appropriate	regulations. Keep canary copy for
Your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
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□ HAZARDOUS → NON—HAZARDOUS → WASTE □ RECLAIMABLE MATL. NO.

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	HIPPED 7-23-0	96 EP	A IDENTIFICATION COL	DE NO. OHD 045557766
COMPANY NAME DELCO	DORAINE		STATE I.D. NO	(
ADDRESS 3/00 A/FFDM	STATE	OH10	PURCHASE OF	24 PHONE 455-5365
his is to certify that the above named m				
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the EPA	. Keep gold copy for your records.
Signature	MAN Print N	lame THE	DIAMS N. KAN	ORC Phone 455-5365
TRANSPORTER			A IDENTIFICATION NO.	1
COMPANY	SAME	:		DE
ADDRESS	· · · · · · · · · · · · · · · · · · ·		JOB I.D. NO	
CITY	STATE	·		PHONE
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Signature Met Man	Print N	lame //C	MARIKI	Date Received 7-23-96
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ADDRESS 1975 DRYP	YTON DUIN	<u>-</u>	STATE I.D. NO	
DAYTON	STATE	OHIO	JOB NO	139 PHONE 299 - 889/
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□ HAZARDOUS (NON—HAZARDOUS (WASTE □ RECLAIMABLE MATL. NO. 35459

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P	MATEF	RIAL DISPOS	SITION	_		
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ADDRESS 3100 AIRKI	MORE ED	,	PUR	CHASE OR	DER	
CITY	STATE	OHIO	Z	ip <u>454.</u>	20 PHONE 455-5565	
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Transportation according to the applical	. 6 1 6 1	epartment of Tra		/ //	- · · · · · · · · · · · · · · · · · · ·	
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TRANSPORTER COMPANY	SAINE	EP	A IDENTIFICA			
ADDRESS	-	<u> </u>	100	10 NO	DE	
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS460

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ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. BS462

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL.

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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. BS472

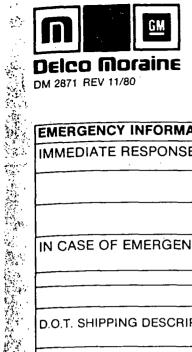
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□ HAZARDOUS NON-HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 151478

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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NU. B5483

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This is to certify acceptance of the above	e materials for shipmer				
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ADDRESS 3/00 NEEL	MORE RD.		PUF	CHASE OR	IDER
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Signature	Print N	Name //E	L / IME	//	Date Received 8-20-8
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ADDRESS 1913 DEVDEN	KU.	ONO	JOE	NO.	39 PHONE 299-889/
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This is to certify that the above named n		ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according to the applica	ble regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
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Signature //) // /// //	Print N	lame ///Co	- 11/1/6/16	Date Received 8-72-86
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ADDRESS 1975 DRYDEN		OHIO	JOB NO zip <u>454=</u>	
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l /1/5~./	HIPPED 8-25-				NO. OHD CASSS77166
		D.	STA	RCHASE ORI	
CITY	STATE	OHIO	PUr	71P 454	24 PHONE 455.5365
This is to certify that the above named m		ssified, describe			
transportation according to the applicat					
1. //					el Phone 455-5365
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TRANSPORTER COMPANY	SAME				E
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above					
Signature Mas Ten	Print N	Jame MEC	- MARI	THE	Date Received 8-25-86
TREATMENT/DISPOSAL FACILITY	, , , , , , , , , , , , , , , ,		A IDENTIFIC	ATION COD	
COMPANY SOLITY	AYTON DUI	UP CF			NO
ADDRESS 1975 DRYDE	N RD.		JOE	3 NO	
CITY DAYTON	STATE	0410		ZIP 454	39 PHONE 299-8891
This is to certify completion of treatmen	· · · · · · · · · · · · · · · · · · ·	or disposal in co			
Your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature 1-21	211/0 [Print N	vame/		18116	07 Date 8 25-36
enter the the	166	Street Filter	unit		



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. BESEZI

EMERGENCY INFORMATION			SCA	LE INFORMATION
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IN CASE OF EMERGENCY, NO	TIFY:		TRA	ILER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	IATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
D.O.1. SHIFFING DESCRIFTION	HAZAND CLASS	QUANTITI	CONTAINENTIFE	WATERIAL DESCRIPTION
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GENERATOR DATE S				DE NO. OHD 045557766
COMPANY NAME DECCO			STATE I.D. NO	
ADDRESS 3100 ATEKI	SMORE KO.		PURCHASE O	RDER
CITY	STATE	OHIO	zip <u>45</u> 9	174 PHONE 455- 6365
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transportation according to the applicat				. · · · · · · · · · · · · · · · · · · ·
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COMPANY	SAME		STATE I.D. CC	DE
ADDRESS				
CITY				PHONE
This is to certify acceptance of the above		11/1	1/1	
Signature mil ma	Print N	Name	17/17/C/1/KI	Date Received 8-27-96
TREATMENT/DISPOSAL FACILITY	JUANI DU	· 🗸		DE NO
77	AYTOU DUM	<u> </u>)
ADDRESS 1915 DEVDE	STATE	OH10	JOB NO	439 PHONE Z99-8891
This is to certify completion of treatmen				
Your records. Forward white copy to				
	Print N	Jame		
Burney Company of the Company	Fillit	taille #	<u> 1944 1945 1946 </u>	Date



□ HAZARDOUS MON—HAZARDOUS MASTE □ RECLAIMABLE MATL. NO. BISINE

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		NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	TYPE	MATERIAL DESCRIPTION
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- 1 20 MA	CI	RTIFICATIO	NN		
GENERATOR DATE S					NO. OHDO45557766
COMPANY NAME DELCO	10RAINE		STATE	E I.D. NO.	
ADDRESS 3100 NEEDM	OKE KD.		PURCI	HASE ORE	DER
CITY		0410			74 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applicat					
Signature (1.71. AUD)	VV Print N	lame ///W	MAS MI	X HINU.	Phone 455-5365
TRANSPORTER	CAME	EP.			
COMPANY	SATIL				E
ADDRESS			JOB I.I		PHONE
This is to certify acceptance of the above	STATE ve materials for shipmer				
Signature Marty	Print N	11-	MARTIN	,	Date Received 8-28-86
TREATMENT/DISPOSAL FACILITY		٠.	A IDENTIFICATI		NO
COMPANY SOUTH DY	YTON DUI	P			
ADDRESS 1975 DEVDE	W KD	_ :	JOB N	0	40 500/
CITY	STATE	0410	ZIP	454.	39 PHONE 299-8891
This is to certify completion of treatmen					
Your records. Forward white copy to	[///-/		will begin upor	n receipt o	of signed copy of this manifest.
Signature MM	Print N	lame	ritan g		Date 8/88/8



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ENVIRONMENTAL MANIFEST

□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NU. BSS 28

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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	/	/	15 cu	yer	Wood
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		ERTIFICATIO			
1 1 / 2					ENOOHDO 4555 7766
COMPANY NAME Select	goaine Pl				
CITY Dauton	STATE OF	1			DERPHONE
This is to certify that the above named m		•			
transportation according to the applical					
Signature 4/Wml					1 Phone 4555365
the A	Tiller				1110110
TRANSPORTER COMPANY	aml				DE
ADDRESS					
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature Marke	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	څ	EP	A IDENTIFIC	ATION COD	E NO
COMPANY South Day	Deing	n_	STA	ATE I.D. NO.	
ADDRESS 1975 / / Myd	nk()	. ,			
CITY Doylor			**	and the second second	PHONE
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print N	Name	· · · · · · · · · · · · · · · · · · ·		Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. B5556

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION	- '	Ser.		,
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	D TVDE	MATERIAL DESCRIPTION
D.O.T. SHILL FING DESCRIPTION	HAZAND CLASS	QUANTITI	CONTAIN	INTITE	MATERIAL DESCRIPTION
		2)	150	1	Wood
		S ,	15 Cu	you	Wood -
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	14ATC	DIAL DICEC	CITION		<u> </u>
	MATE	RIAL DISPOS	NOITION		
□ RECLAMATION □ II	NCINERATION	□ LAN	DFILL	□ OTH	ER (Specify)
ADDITIONAL					
INFORMATION:	·				
	CI	ERTIFICATIO)N		
GENERATOR COMPANY NAME ADDRESS CITY DATE S DATE S PLE CITY DATE S AT A S AT	HIPPED 5'3- _	<i>Х (э</i> EР	A IDENTIFICA	TION COD	ENO/10/14/55 57766
COMPANY NAME	manne.		STA	TE I.D. NO.	
ADDRESS	CTATE	alain	PUH	CHASE OF	DER
This is to certify that the above named n	STATE	ssified describe	∠	.iP ≤y _;	labeled, and are in proper condition for
transportation according to the applica	ble regulations of the D	enartment of Tr	ansportation a	nd the EPA	Keen gold copy for your records
Signature 10 mm	light Bint	Nama 11A	Kles .	mbo	Phone 4555565
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TRANSPORTER COMPANY	-100 0				
ADDRESS	•				DE
CITY					
This is to certify acceptance of the abo					
Signature			•		
TREATMENT/DISPOSAL FACILITY			•		DE NO.
COMPANY Tresta	auton 1).				JE NO.
ADDRESS 1975 12	20 (2)				
CITY Day toly	STATE				PHONE
This is to certify completion of treatmer	it, storage, reclamation,				
your records. Forward white copy to	generator. Processing	of your invoice	e will begin up	on receipt	of signed copy of this manifest.
Signature	Print I	Name			Date 9/3/86



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. BISI

EMERGENCY INFORMATION			-	SCAI	LE INFORMATION
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	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ OTHI	ER (Specify)
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INFORMATION:					
		FOTIFICATIO	NA	<u> </u>	
		ERTIFICATIO		<u> </u>	- 110W15557711
GENERATOR COMPANY NAME COMPANY NAME	HIPPED	EP (#	A IDENTIFIC	ATION COD	ENOC HI) 045557766
ADDRESS 3100 200]	S1 <i>F</i>	RCHASE OR	DER
CITY Dayton	STATE C	Thio		ZIP 45 42	V PHONE 4555365
This is to certify that the above named m					
transportation according to the application					
Signature HW aml	Print N	Name JAC	K Was	1 hold	Phone 4555365
TRANSPORTER /		•.			
COMPANY	0	\ \			DE
ADDRESS	ne				
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
Signature Manual	Print N	Name	·		Date Received
TREATMENT/DISPOSAL FACILITY	4	n. EP.	A IDENTIFIC	ATION COD	E NO
COMPANY South by	conferm				<u> </u>
ADDRESS 1975 My	en rd	2 / 2			
CITY Jaylon	STATE _ _ _				PHONE
This is to certify completion of treatmen your records. Forward white copy to					
\mathcal{M}			Ann Degin u		or signed copy of this maintest.
Signature (1927) C. Ch. C.	L. RILLOFINI N	vame (KILL	61 / 10	restate f war is the



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	ER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL				•	
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45	CI	ERTIFICATIO)N		· · ·
GENERATOR DATE S				TION COD	ENO 0 HD 0 4555 7766
COMPANY NAME Delca					
ADDRESS 3100 nee	Smore RJ		PUR	CHASE OR	DER
CITY Day ton	STATE	hio	Z	IP 45 16	DER
This is to certify that the above named m		•			
transportation according to the applical					
Signature H Mom	Print N	Vame UA-C	K (NO	mbul)Phone 4555365
TRANSPORTER		EP	A IDENTIFICA	TION NO.	
COMPANY	sme				DE
ADDRESS	X4		JOB	I.D. NO	
CITY	STATE		Z	IP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature Mande	Print N	Name			Date Received
TREATMENT/DISTOSAL FACILITY		EP.	A IDENTIFICA	TION COD	E NO
COMPANY South Day	on Lump	an	STA	ΓΕ I.D. NO.	
ADDRESS 1975 DAY	dan Nd	. /			·
CITY Dayton	STATE ${\cal O}$,			PHONE
This is to certify bmpletion of treatmen					
your records. Forward white copy to	· · · · · · · · · · · · · · · · · ·		4.		· · · · · · · · · · · · · · · · · · ·
Signature	Print N	Name	 .	· · · · · · · · · · · · · · · · · · ·	Date 4/5/80



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. B5337

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	SHIPPI	NG INFORM	ATION		T
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION		· · · · · · · · · · · · · · · · · · ·
□ RECLAMATION □ II	NCINERATION	LANI	OFILL	□ OTH	ER (Specify)
ADDITIONAL		÷.			
INFORMATION:					
		RTIFICATIO			
GENERATOR DATE S	HIPPED	- 8 6 EP/	A IDENTIFIC	ATION COD	ENO.
COMPANY NAME	مستعدل بالمستهير والأقراب	9 32 / 32	STA	ATE I.D. NO.º	040645327764
ADDRESS	لمساسه وسؤش كوب عده وهم	2. /F 4 	PUF	RCHASE OR	ENO. 040645557764 DERPHONE 4555361
This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name 2000	M. Lotted a	ر انا فتحص استزم	<u> </u>
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY	17) 2 dimension				DE
ADDRESS	Contraction of the Contraction o				
CITY					PHONE
This is to certify acceptance of the about					
Signature	Print N	lame			Date Received
TREATMENT/DISPOSAL FACILITY	ر الم) EP	A IDENTIFIC	ATION COD	E NO
COMPANY	buton lade	eents.	STA	TE I.D. NO.	
ADDRESS	Alex Nd				
CITY 12 and Tay 6					PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	1			_
Signature	Print N	lame			Date



WHITE-RETURN TO GENERATOR

ENVIRONMENTAL MANIFEST

□ HAZARDOUS X NON-HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. B5539

EMERGENCY INFORMATION		<u> </u>	SCA	LE INFORMATION
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	SHIPPI	NG INFORM	IATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Ti.	2	15 Cu. YD.	WOOD
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□ RECLAMATION □ II	NCINERATION	X LAN	DFILL OTH	ER (Specify)
ADDITIONAL		·		
INFORMATION:			44	
		RTIFICATIO		2.15.24
GENERATOR DATE S	HIPPED <u>9-8-81</u>	<u> </u>	A IDENTIFICATION COD	ENO. OHDO45557766
COMPANY NAME DELCO / ADDRESS 3/00 N/ESD	MANK KA			
CITY DAYTON	STATE	0410	PURCHASE OR	24 PHONE 455-5365
This is to certify that the above named m				l l
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation and the EPA	Keep gold copy for your records.
Signature . M M.	LANN Print N	Jame THO	MAS N. KANDE	Phone 155-5565
1/3				
TRANSPORTER COMPANY	SAME			DE
ADDRESS				
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the abo			ppy for your records. App	ropriate placards were offered.
Signature 700 AC 7732	Print N	lame	1 MARTIN	Date Received 9-9-55
TREATMENT/DISPOSAL FACILITY		E P.	A IDENTIFICATION COD	E NO
COMPANY SOLLTH DA	YTON DUMP			
ADDRESS 1975 DEYDEN	U KD.	0.110	JOB NO	700 0001
CITY	STATE	DHW_	zip <u>45</u> 9	
This is to certify completion of treatmen				
your records. Forward white copy to				
Signature	Print N	lame	· · · · · · · · · · · · · · · · · · ·	Date <u>9/4/44</u>



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. B5577

EMERGENCY INFORMATION				SCAI	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:	<u> </u>	· ·			
	CI	ERTIFICATION)N		·
GENERATOR DATE S				ATION COD	ENO. 040 045557760
COMPANY NAME DECCO /	PORAINE,		STA		
ADDRESS 3100 NEEDA	DORE KD.				
CITY	STATE	0410		zip <u>454</u>	der 24 _ phone <u>455-5365</u>
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation according to the applicat					
Signature . // / / / / / / / / / / / / / / / / /	N Print N	Name 1401	MAS N.	CAL!	ORK Phone 455-5365
TRANSPORTER	11:11	EP	A IDENTIFICA	ATION NO.	
COMPANY	SAME		STA	ATE I.D. COD	DE
ADDRESS					
CITY	STATE				
This is to certify acceptance of the above					
Signature M	artu Print M	Name ///C	c /1/1	eril	Date Received <u>4-9-86</u>
TREATMENT/DISPOSAL FACILITY	7	EP.	A IDENTIFICA	ATION COD	E NO
COMPANY SOUTH Z	AYTON L	LLINF	STA	ATE I.D. NO.	
ADDRESS 1975 DEY DE	EL RP.	A 1 =	JOE	3 NO.	100 000
CITY	STATE	DHID			139 PHONE 299-889/
This is to certify completion of treatmen					
your records. Forward white copy to	** ,			211	
Signature Constitution Control	LLCT Print N	Varyle Company	del.	2111	J State 111 3 600
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□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. SS43

EMERGENCY INFORMATION				SCAL	LE INFORMATION
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IN CASE OF EMERGENCY, NO	// IFY:			IRAI	LER NO. TRACTOR NO.
	Kill.				
	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
		Z	15 Cu	V2	WOOD
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	MATE	RIAL DISPOS	NOITION		
□ RECLAMATION □ II	NCINERATION	X LANI	DFILL	OTHE	ER (Specify)
ADDITIONAL INFORMATION:	· · · · · · · · · · · · · · · · · · ·				
·		ERTIFICATIO	NAI .		
CENEDATOR				ATION COD	ENO. OHD 045557766
GENERATOR DATE S COMPANY NAME DECO	MAPHILE				ENO. 012070337702
ADDRESS 3100 NEED			PUF		
CITY	STATE	0410	2	11P 454	24 PHONE 455-5365
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, i	marked and I	abeled, and are in proper condition for
transportation according to the applical	ble regulations of the De	epartment of Tra	ansportation	ind the EPA.	Keep gold copy for your records.
Signature	Print N	Name / 1401	MHS KI.	KHNOR	Phone 455-5365
TRANSPORTER	<i>C</i> .	EP	A IDENTIFICA	ATION NO	
COMPANY	AME				DE
ADDRESS					
					PHONE
This is to certify acceptance of the abo	-C-3		py for your re		•
Signature	en Luprint N	Name ///	11/16	711.	Date Received $9-10-86$
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATION CODI	E NO
10	TON DUMP		STA	TE I.D. NO.	
ADDRESS 1975 DEYDEN	y RP.	01/10	JOE	I.NO	200 200 0001
CITY	STATE	<u>DH10</u>			39 PHONE 299-8891
This is to certify completion of treatmen your records. Forward white copy to					
	_	and the second of the		-	/ /
Signature	Print N	Name	·		Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BISTER

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION	·			
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
		/	15 au	. Yo.	WOOD
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□ RECLAMATION □ II	NCINERATION	X LAN	DFILL	n O'I PI	ER (Specify)
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transportation according to the applical					
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Signature	Print N		1	17.7	
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This is to certify completion of treatmen your records. Forward white copy to					
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□ HAZARDOUS NON-HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. PSSSI

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CITY DAYTON	STATE	OHIO	FUI	71P 454	24 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
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ADDRESS 1913 DEVOE	(KD.	~ .	JOI		200 200 6001
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This is to certify completion of treatmen your records. Forward white copy to					
j			10.00	•	a/-1
Signature	Print N	Name			Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSSSQ

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GENERATOR DATE SHIPPED 9-16-86 EPA IDENTIFICATION CODE NO. OHD CASS 57766						
COMPANY NAME DECO MORAINE STATE I.D. NO						
				JRCHASE ORDER		
CITY						
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition fo transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
-1	ole regulations of the De	epartment of Tra	ansportation a	, , , ,		
Signature	<u> PVソ</u> Print N	Name THO	MAS M	MAIN	OCK Phone 455-5365	
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1075 7015-1						
CITY DAYTON STATE OHIO			JOB	B NO		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for						
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature Print Name Print Name Print Name						



ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. BISISE

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COMPANY NAME DELCO MADDRESS 3/00 NEEDIN	DEHING D.		STA		
CITY DAYTON	STATE	DHO	PUR	UHASE OH	14 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applical					
1 20 1000					Phone 455-5365
Signature	Print N				
TRANSPORTER	SAME				
COMPANY	STITE				DE
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CITY					PHONE
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Signature This William	Print N	lame ////	L ORAL	14E	Date Received 4-18-86
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	TION COD	E NO
COMPANY SOUTH DAY	TON DUMP				
ADDRESS 1975 DEV DE	U RD		JOB	NO	-0/100/
CITY	STATE	OHIO	z	IP 454.	39 PHONE 299-889/
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame		· · · · · · · · · · · · · · · · · · ·	Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BSS62

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GENERATOR DATE S				ATION COD	ENO. 040045557766
COMPANY NAME _ DECO /	ORAINE				
ADDRESS 3/00 ALEEDA	TORE RD.		PUF	CHASE OR	DER
CITY	STATE	0410			PHONE \$55-5365
This is to certify that the above named n					
transportation according to the applica					
Signature / / / / / / / / / / / / / / / / / / /	Print N	Name ///	MHS N.	· KANC	Phone 455-5365
TRANSPÒRTER	SAME	_			
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This is to certify acceptance of the abo	,				
Signature Marke	Print 1				Date Received 2-/9-96
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TREATMENT/DISPOSAL FACILITY COMPANY	AYTON DUM	. ^	and the second s		E NO
ADDRESS 1975 DRYPA	EN RO.		STA	ATE I ULINO.	
CITY	STATE	OHIO			39 PHONE 299-8391
This is to certify completion of treatmen		or disposal in co			
your records. Forward white copy to	generator Processing	of vour invoice	will begin u		
Signature Control Control	Could The	Name (F)	eth (- / 1	17 Date 9-19038



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. BISSES

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transportation according to the applica	ble regulations of the De	epartment of Tra	ansportation a	EPA.	Keep gold copy for your records.
	DW Print N	Name 740	MAS N.	KANO	er Phone 455-5365
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Signature Signature	Print N	Name	A SECOND	R K.C	BNU6E Date Received 472-86
TREATMENT/DJSPOSAL FACILITY				ATION COD	E NO
COMPANY SOUTH DAS	TON DUMP		STA	TE I.D. NO.	
ADDRESS 1975 DEV DE	U RD		JOE		
CITY	STATE	OHLD		ZIP <i>459</i>	39 PHONE 299 899/
This is to certify completion of treatmen your records. Forward white copy to	_	and the second s			
Signature	Print N	lame	·. · · · · · · · · · · · · · · · · · ·		Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS574

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ADDRESS 3100 NEED	MORE KU.		PUF		
CITY DAYTON	STATE	0410		ZIP 454	24 PHONE 455-5365
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	märked and l	abeled, and are in proper condition for
transportation according to the applical					
Signature	EW Print N	Name THC	19725 M.	KANO	Phone <u>955-5365</u>
TRANSPORTER					<u> </u>
COMPANY	SAME				DE
ADDRESS					<u> </u>
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
Signature My My	Print N	Name ME	MAR	TIN	Date Received 9-76-96
TREATMENT/DISPOSAL FACILITY		EP/		ATION COD	E NO
COMPANY SOLITH DA	YYTON DUM	0	STA	TE I.D. NO.	
ADDRESS 1975 DRYDE	U ED.			3 NO	
CITY	STATE	OHO		ZIP <u>459</u> ;	39 PHONE 200-989/
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co			
your records. Forward white copy to			will begin u	pon receipt	of signed copy of this manifest.
Signature Sand Offile	Print N	Name			Date 9/2/3/5(0
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COMPANY NAME DECCO	MORAINE				
ADDRESS 3/00 NEED	MORE RO	0.4.5	PUI	RCHASE OR	DER
CITY	STATE				174 PHONE 955-5365
This is to certify that the above named m					
transportation according to the application					
Signature	WW Print N				OCH Phone 455-5365
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COMPANY	<u> </u>				DE
ADDRESS					PHONE
This is to certify acceptance of the abo					
Signature Mel Mc	er Comprise Print N	111	MA	,	Date Received 9-30-86
	FIIII	vanie			
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DE	AYTON DUIS	IP EP.			E NO
ADDRESS 1975 DRYDE		· •		B NO	
CITY	STATE	0410		ZIP <u>454</u>	39 PHONE 299-8891
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance wit	h appropriat	
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BISSET

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Signature	Print N	Name)/1/7-2 /	U. 197X	Phone 433 3203
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COMPANY	HITE	 ·	27 T 7		DE
ADDRESS		<u> </u>	ســا	3 I.D. 40	7
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Signature	Print N	Name MEC		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Received <u>/0-/-86</u>
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1025 7011	HON DUMP			ATE I.D. NO.	
ADDRESS 1475 DEYDEN		DHO	JOE	3 NO	20 / 200-880/
CITY	STATE	=		,	39 PHONE 299-889/
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Signature 4.27	Print N	vame			Date



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. BISSIS

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COMPANY NAME DECICO	OXHINE			ENO. (7/10-07-5-3-17-10-0
ADDRESS 3100 NEFON			PURCHASE OR	· · · · · · · · · · · · · · · · · · ·
CITY		OHO	zip <u>454</u> ,	74 PHONE 455-5365
This is to certify that the above named m				,
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation and the EPA.	Keep gold copy for your records.
Signature	Print N	lame 7HO	MAS W. KAND	RR Phone 455-5365
TRANSPORTER				
COMPANY	SAME			DE
ADDRESS			JOB I.D. NO	
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This is to certify acceptance of the above	ve materials for shipmer			opriate placards were offered.
Signature hand	Print N	lame MEC	MARTIN	Date Received 10-2-86
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICATION COD	E NO
COMPANY SOUTH DA	YTON DUIL	2 4		
ADDRESS 1975 DAVOE	V KO.			
CITY	STATE	0410	zip <u>454</u> 3	39 PHONE 299-889/
This is to certify completion of treatmen	- ·			- 1
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Signature	Print N	lame	· · · · · · · · · · · · · · · · · · ·	Date 10/2/8(2)
				



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. BISSIG

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GENERATOR DATES COMPANY NAME DE 1 CO	HIPPED <u>15 - C</u> 10 & B.U.K				ENO. 0110045557766
ADDRESS 3/00 NEEDM			STATE		DEB.
CITY		OH10	ZIP	454	74 PHONE 955-5365
This is to certify that the above named m			•		
transportation according to the applical					
Signature	Print N	Name THE	MAS N.	KAI	ORL Phone 455-53100
TRANSPORTER	<i>C</i> .			ON NO	
COMPANY	SAME				DE
ADDRESS					
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This is to certify acceptance of the abo	ve materials for shipmer				ا ، مـ
Signature My MC	Print N	Name ///	C MARTIN	/	Date Received 10-3-86
TREATMENT/DISPOSAL FACILITY		.a EP.	A IDENTIFICATI	ION COD	E NO
COMPANY SOUTH WAY	TON DUM) 	STATE	I.D. NO.	
ADDRESS 1915 DEVDER	/ KD1		JOB N	10.	120 200 5001
CITY	STATE	OHIO	ZIP		39 PHONE 294 E691
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print N	Name			Date



□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. BISSE

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RECLAMATION III II	NCINERATION -	À LANI	DFILL .	OTHE	ER (Specify)
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GENERATOR DATE S					ENO. 040045557766
COMPANY NAME DECED ALEGO ADDRESS 3/00 N/EEO	MORE RD.		STA PUF		DED
CITY	STATE	0410	PUF	10 454	24 PHONE 455-5365
This is to certify that the above named m					
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TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	ATION CODE	E NO
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ADDRESS 1975 DRYD			JOE		20 700,6001
CITY	STATE				39_ PHONE 299-5891
This is to certify completion of treatmen your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame			Date 10/6/16
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL

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COMPANY NAME	many	<u> </u>		ATE I.D. NO.	
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transportation according to the applica					
Signature & Comments	Viale		// 4	7 41	buld Phone 455536
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TRANSPORTER COMPANY	mase				DE
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your	records. App	ropriate placards were offered.
Signature Millian	M/ Print I	Name			Date Received 18-7-8
TREATMENT/DISPOSAL FAGILITY					DE NO
COMPANY South Day	ton Jum	p_	ST	ATE I.D. NO.	
ADDRESS 1975 Div		_ /	JC	B NO	139 PHONE 2998891
CITY Jaylon	STATE	Ohio			
This is to certify completion of treatment your records. Forward white copy to	generator. Processing	of your invoice	will begin	upon receipt	of signed copy of this manifest.
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NU. BS 199

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transportation according to the applica	ble regulations of the Do	epartment of Tr	1. 6//	
Signature + C Wimi	Print N	Name //	C/C/Wimi	10 10 Phone 4553 365
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COMPANY	Am &			DE
ADDRESS	STATE		JOB I.D. NO ZIP	-
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COMPANY NAME DECCO	MORAIUE	Er		ATTOM COD.		, , C. V.
ADDRESS 3100 NEEDI	DOE RD.		PUF	RCHASE OR	DER	
CITY	STATE	0410	:	ZIP <u>454</u>	74_ PHONE 455-	2362
This is to certify that the above named m			_			ľ
transportation according to the applical	ble regulations of the De	-		1 1/		· I
Signature	Print N	lame / He	NAS 1	V.KH.	WORK Phone 455-	2307
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Signature	Print N	lame	<u>C / ///</u>	.//\	Date Received Z	7 7 00
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ADDRESS 1975 DRUDE	AYTON DU	-77				;
CITY DAYTON	STATE	OH10	JUE	3 NO. <u> </u>	39_ PHONE 299-	8891
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COMPANY NAME DECED ADDRESS 3/00 X/EEDIN	ORAINE LO.	1.		ATE I.D. NO. RCHASE OR	
CITY	STATE	OHIO			74 PHONE 955-5305
This is to certify that the above named m		• •			
transportation according to the applical				and the EPA.	
Signature	WW Print N	Name THOM	AS KL.	KANORL	Phone <u>455-5365</u>
TRANSPORTER	C1	EP	A IDENTIFICA	ATION NO.	
COMPANY	SHME	t	\$TA	ATE I.D. COD)E
ADDRESS		· '1 .		3 I.D. NO	
CITY	STATE			ZIP	
This is to certify acceptance of the abo	/	M	opy for your re	ecords. Appr	``
Signature M Man	Print N	Name	CIHIC	1/10	Date Received 10-13-8(
TREATMENT/DISPOSAL FACILITY	UTTOU DULAN	o EP			E NO
ADDRESS 1975 DEVDE	YTOU DUMP			ATE I.D. NO.	· · · · · · · · · · · · · · · · · · ·
CITY DAYTON	STATE	OHIO		3 NO ZIP <i>454</i> a	39 PHONE 299-8891
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□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. 15606

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2)2.10011		0410	PURCHASE C	124 PHONE 455-5365		
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transportation according to the applical						
Signature . " Aud				Phone 455-5365		
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ADDRESS	0/11/0			DDE		
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Signature Man In	·	Name MEL	MARTIN	Date Received 10-14-86		
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TREATMENT/DISPOSAL FACILITY	YTON DUI	NP EP		DE NO		
ADDRESS 1975 DEVID	EN RD.		STATE I.D. NO)		
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CITY Dayton	STATE	Ohio			24_ PHONE 455536
This is to certify that the above named m	naterials are properly clá	ssified, describe	d, packaged, n	narked and I	abeled, and are in proper condition t
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This is to certify acceptance of the abo	the state of the s		py for your re	cords. Appr	opriate placards were offered.
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COMPANY South Ja	yto fall	nge			·
ADDRESS 1975 Dage	en Ad	5/16	JOB	NO.	39 PHONE 299-889
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ADDRESS 3100 needs			PUF	RCHASE OR	DER
CITY Dougton					24 PHONE 4555365
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Signature Josp ! War	Print i		•		
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COMPANY	4ma				DE
CITY	STATE				PHONE
This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your re	ecords. Appr	ropriate placards were offered.
Signature Made	Print N				Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY South Day	ston Dum	<u> </u>			
ADDRESS 1975 Dydes	RL		JOE	3 NO	6 0 20 6 4
CITY - Dayton	STATE	Ohio		ZIP 454	39 PHONE 2998891
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CITY Dayton	STATE	0410		ZIP <u>454.</u>	24 PHONE 4555365	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. B5620

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CITY / Jayston	STATE	0/7/0	ZIF	- <u>454</u>	211_ PHONE 4555365
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transportation according to the applicab	U SPA			_	
Signature / / / / / / / / / / / / / / / / / / /	Print N	lame (/A C	RC(N)	(mo	A Phone 4555365
TRANSPORTER	1				
COMPANY	tone				DE
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This is to certify acceptance of the above					PHONE
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Signature	Print N	iame	N 4 - 1		Date 10/2/11/26



□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NU. B5622

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COMPANY NAME DECCO	MORAINE		STATE I.D. NO			
ADDRESS 3/00 NEED	MORE RD.		PURCHASE OF	RCHASE ORDER		
CITY		OHIO		24 PHONE 955-5365		
This is to certify that the above named m						
transportation according to the applicat						
Signature	Print N	lame	DMHS KL. KH	1022- Phone 455-5365		
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COMPANY	SAME		STATE I.D. CO	DE		
ADDRESS						
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ADDRESS 1975 DRVDE	170H DUM	<u> </u>	•	·		
CITY DAVITON	OTATE	DHO	JOB NO ZIP_\$\$1	39 PHONE 299. 8891		
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Signature	T	lame		Date 10/22/16		
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□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NU.BS623

EMERGENCY INFORMATION SCALE INFORMATION IMMEDIATE RESPONSE INFORMATION NET WT. ____ TRACTOR NO. TRAILER NO. IN CASE OF EMERGENCY, NOTIFY: . SHIPPING INFORMATION **CONTAINER TYPE** D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY MATERIAL DESCRIPTION 15 Cu. Yo. MATERIAL DISPOSITION □ INCINERATION LANDFILL □ RECLAMATION □ OTHER (Specify) _ ADDITIONAL INFORMATION: CERTIFICATION 10-23-86 EPA IDENTIFICATION CODE NO. OHD 045557766 **GENERATOR** __ PURCHASE ORDER ZIP 45424 PHONE 455-53/05 0410 _ STATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. TRANSPORTER EPA IDENTIFICATION NO. _ COMPANY _ _____ STATE I.D. CODE _____ ÄDDRESS __ JOB I.D. NO. _____ ___ STATE . This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Print Name MEC MARTAL _ Date Received 10-73-86 EPA IDENTIFICATION CODE NO. ___ STATE I.D. NO. OHO ____ STATE __ This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for Your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest. Print Name



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 185650

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ADDRESS <u>2/00 1/66D/</u>		0410	PUF		24 PHONE 455-5365	
This is to certify that the above named m						
transportation according to the applical	****		-			
	Print N				ORR Phone 455-5365	
TRANSPORTER		<u> </u>				
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ÇITY	STATE	24 - 175	7	7IP	PHONE	
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co			opriate placards were offered.	
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TREATMENT/DISPOSAL FACILITY		EP.	# A IDENTIFICA	ATION COD	E NO	
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ADDRESS 1975 DEVDE	1	0./0		NO		
city DAYTON		<u> </u>		zip <u>45</u> 4		
This is to certify completion of treatmen						
Your records. Forward white copy to		and the second s		pon receipt	of signed copy of this manifest.	
Signature	Print N	Vame	nger Qui i i		Date 10/21/8/0	
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□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NO. PEGGES

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ADDRESS 3100 LIEKDYO	UF RO.		PURCHASE	ORDER
CITY DAYTON	STATE		zip <u>45</u>	
				nd labeled, and are in proper condition fo
transportation according to the applicat		epartment of Tr	ansportation and the E	
Signature	Print N	lame ///	MIS N. KAK	10RK Phone 455-5365
TRANSPORTER V	Caine	EP	A IDENTIFICATION N	0
COMPANY	HME		STATE I.D. C	ODE
ADDRESS	·		JOB I.D. NO.	
This is to certify acceptance of the above	STATE			PHONE
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Signature //	all Print N			Date Received 10-29-86
TREATMENT/DISPOSAL FACILITY COMPANY OF THE TOP	may Duni	P 2	A IDENTIFICATION C	
ADDRESS 1975 DEVINE	VTON DUMP		STATE I.D. N JOB NO	NO
CITY DAYTON	STATE	0410		439 PHONE 299-889/
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Your records. Forward white copy to				
Signature	Print N	lame		Date 15/29/1/
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 25639

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0100 1100	MORAINE		STA	ATE I.D. NO.	
ADDRESS 3100 NEEDA	IDRE KD.		PUF		
CITY	STATE				79 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applical	ALEVU Print N	epartment of Tra	SILAC A	and the BPA.	Phone 455-5365
	Print N	•			
TRANSPORTER	DME				
COMPANY	Signa				DE
CITY	STATE				PHONE
This is to certify acceptance of the abo					
Signature Manda	Print N	Mr	MART	711	Date Received 10-31-86
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC	ATION COD	
COMPANY _ SO//77/ 2	PAYTON DUE	W EP			E NO
ADDRESS 1975 DEVDE	U KO.			3 NO	
CITY DAYTON	STATE _1		;	ZIP <u>459.</u>	39 PHONE 200-889/
This is to certify completion of treatmen					
Your records. Forward white copy to					
Signature	Print N	lame		i.	Date 16/31/56
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BES 641

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	MATE	RIAL DISPOS	SITION		
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ADDITIONAL INFORMATION:		<i>,</i>			
		DTIFICATIO			
		ERTIFICATIO			ENO. OHD 04555 7766
	HIPPED 17-5-C		A IDENTIFIC		
ADDRESS 3100 NISCOM	DRE KD.			RCHASE OR	•
CITY	STATE	0410			24 PHONE 955-5365
This is to certify that the above named m		ssified, describe			
transportation according to the applical				and the EPA	Keep gold copy for your records.
Signature . N. Aug	Print N	Name THO	MAS No	KAKICK	Phone 455-5365
TRANSPORTER	<u>.</u>			ATION NO.	
COMPANY	SAME				DE
ADDRESS					
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature Market	Print N	Name <u>1966</u>	MAK	TIL	Date Received 1/3-66
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DAY	TON DUMP	·· <u>·····</u>	ST/	ATE I.D. NO.	
ADDRESS 1975 DRYDE	N KD.	· · · · · · · · · · · · · · · · · · ·	JOI	B NO	700 000
CITY	STATE	_CH10		ZIP 455	39 PHONE 249-8891
This is to certify completion of treatmen	_				-
your records. Forward white copy to					
Signature	Priņt l	Name		·	Date /// 3/8 Co



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. BS647

EMERGENCY INFORMATION				SCA	E INFORMATION
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ I	NCINERATION	LAN	DFILL	- OTHI	ER (Specify)
ADDITIONAL INFORMATION:					
	CI	ERTIFICATIO)N		
GENERATOR DATES	HIPPED 11-5-8	6 EP	A IDENTIFIC	AŤION COĐ	ENO. OHD 045557766
COMPANY NAME DECCO			STA	ATE I.D. NO.	
ADDRESS 3/00 NICED,		0410	PUF	RCHASE OR	DER
This is to certify that the above named in	STATE				
transportation according to the applica	1				, ·
		Name THO			ORK Phone 455-5365
TRANSPORTER					
COMPANY	SAME				DE
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the abo	ve materials for shipmer			ecords. Appr	opriate placards were offered.
Signature Manda	Print N	Name	MAK	TIN	Date Received //-5-86
TREATMENT/DISPOSAL FACILITY -	1 (T)	EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH D	ANTON DUM	<i>ip</i>	STA	ATE I.D. NO.	
ADDRESS 1978 DRV2	EN EP.		JOE	3 NO	20 100 100/
CITY	STATE	01410	:	ZIP <u>454</u>	39 PHONE 299-889/
This is to certify completion of treatmen	-			4.5	
your records. Forward white copy to		1.00		-	
Signature	Print N	Name		<u> </u>	Date ///5/80



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS 649

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GENERATOR DATES COMPANY NAME DECO	TORAINE				E NO. 070 073037700
	MORE RO.		PUR		•
CITY DAYTON	STATE	OHIO			24 PHONE 455-5365
This is to certify that the above named n			d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature · N·M	UN Print 1	Name THO	MAS KI.	KANOK	Phone 455-5365
TRANSPORTER	C 1	:\ EP.	A IDENTIFIC	ATION NO.	
COMPANY	SAME				DE
ADDRESS					
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r		
Signature Manager	Print N	Name MEC	_/1AR7	7W	Date Received //-6-86
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DAY	TON DUMP				
ADDRESS 1975 DEUDE	N RD.			3 NO	
CITY	STATE	OHIO	 .	zip <u>454</u>	39 PHONE 299-9891
This is to certify completion of treatmer					
your records. Forward white copy to	- Table 1994		7 T	•	
Signature	Print N	Name	- <u>- 1</u>		Date // (a/ 3/ 2
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BISISIS

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		ERTIFICATIO			
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	MORKINE MORK RD.		STA PUR		
CITY	STATE	0410			24 PHONE 455-5365
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transportation apgording to the applica					
Signature		Name THO			CE Phone 455.5365
TRANSPORTER	, , , , , ,				
COMPANY	SAME				DE
ADDRESS					
CITY	STATE		Z	IP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co			opriate placards were offered.
Signature Marken	Print N	Name ///	L MAR	TIL	Date Received 11-7-86
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	TION COD	E NO
COMPANY SOUTH DAY	TON DUMP				
ADDRESS 1975 DRVD	CN KD.		JOB		100 0001
CITY	STATE	OH10		IP <u>454</u> ,	
This is to certify completion of treatmen	_				= *
your records. Forward white copy to	i Takan da kabupatèn Barangan Palabagan Palabagan Palabagan Palabagan Palabagan Palabagan Palabagan Palabagan				
Signature	Print N	Name	·	<u> </u>	Date 11/7/80



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. BS657

EMERGENCY INFORMATION				SCAI	LE INFORM	ATION	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIA	AL DESCRIPTION	
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GENERATOR DATES COMPANY NAME DECO M	HIPPED 11-11-8		A IDENTIFICA				
ADDRESS 3100 NEEDIN	OPK RO.			CHASE OR			
CITY	STATE	OHIO				NE 455-5365	
This is to certify that the above named m	naterials are properly cla		d, packaged, n	narked and	labeled, and ar	e in proper condition fo	
transportation according to the applical	ble regulations of the De	epartment of Tr	ansportation a				
Signature · · · · · · · · · · · · · · · · · · ·	MO Print N	Name 140/	MAS KI.	KANO	Phon	ne 455-5365	
TRANSPORTER		EP.	A IDENTIFICA	TION NO.			
COMPANY	SAME	· · · · · · · · · · · · · · · · · · ·	STA	TE I.D. CO	DE		
ADDRESS							
CITY					•		
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Signature /// X IY/Q	Print N	Name	C MART	///	Date	Received //-//-86	
TREATMENT/DISPOSAL FACILITY	er ma rk Tour		A IDENTIFICA	TION COD	E NO		
1075 7 0	YTOU DUM	 -	STA				
ADDRESS 1915 DEVIZ		OHO	JOB	NO IP <u>454.</u>	30 5110	NE <i>299-8891</i>	
This is to certify completion of treatmen	STATE						
Your records. Forward white copy to							
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. ₩5660

EMERGENCY INFORMATION				SCAL	LE INFORMATION
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DOT CHIRDING DESCRIPTION	<u> </u>	1	1		MATERIAL DECORIDATION
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	EH IYPE	MATERIAL DESCRIPTION
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		/	15 Cu	<u> YD.</u>	WOOD
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		86 EP	A IDENTIFIC	ATION COD	ENO. OHD 045557766
2,00 1/2/2	MORAINE		STA		
ADDRESS 3100 NEEDA			PUF		
CITY — ——————————————————————————————————	`\	_			74 PHONE 455-5365
This is to certify that the above named m transportation according to the applicat					
				, ,,	Phone 455-5365
Signature	Print N				
TRANSPÒRTER	CAMIC				
COMPANY	3/7/7/2				DE
ADDRESS	CTATE				PHONE
This is to certify acceptance of the above					
$\frac{1}{2}$	Print N			,	Date Received //-/X - 80
Signature $\int \int \mathcal{M} \int d$	AAJA Print N				
TREATMENT/DISPOSAL FACILITY	YTON DUM	2			E NO
1117 700			•		
address <u>1915 DeyDo</u>	STATE	OHIO		3 NO	39 PHONE 899-889/
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing of	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N	Jame .			Date 10/12/80
		14,110			

GOLD-GENERATOR



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. B5662

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFO	RMATION	······································				
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	SHIPPI	NG INFORM	IATION			
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	MATE	RIAL DISPOS	SITION		I	
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GENERATOR DATES COMPANY NAME DECO	HIPPED 11-13-C		AIDENTIFIC			
ADDRESS 3/00 NEED	MORE ED.			RCHASE OR		12
CITY DAYTON	STATE	OHIO				455-5365
This is to certify that the above named m		ssified, describe				
transportation according to the applical	ble regulations of the D	epartment of Tr	ansportation a	and the/EPA	. Keep gold copy	for your records.
Signature V. M. K. Q.W.	W Print 1	Name 7#6	WHS N	· KANOI	Phone S	455-5365
TRANSPORTER	Carre	· EP	A IDENTIFIC	ATION NO.		
COMPANY	SAME		STA	ATE I.D. CO	DE	
ADDRESS						
CITY	STATE			and the second second		
This is to certify acceptance of the abo	//	11	ppy for your re			
Signature Dil Mon	Print N	Name ///	L MART	[W	Date Red	ceived <u>//-/3-86</u>
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAY						
ADDRESS 1975 DEYL	KN KD.		JOE	3 NO		-00 000/
CITY	STATE	0410		ZIP <u>454.</u>		299-899/
This is to certify completion of treatmen						
your records. Forward white copy to					_	
Signature	Print N	Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date	1/13/86
		- 10 Th				



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. ES664

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				•
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	SHIPPI	NG INFORM	IATION	·	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
<u>, , , , , , , , , , , , , , , , , , , </u>		/	15 Cu	, YD	WOOD
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	X LANI	DFILL	OTH	ER (Specify)
ADDITIONAL					
INFORMATION:			•		
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GENERATOR DATE S	HIPPED <u>//-/4-8</u>				ENO. OHDO45557766
COMPANY NAME DECCO /	OC PO				
77/1/2011	STATE	OHIO	PUF	RCHASE OR	24 PHONE 455-5365
This is to certify that the above named m					•
transportation according to the applical					
Signature . M. K. M.					Phone 455-5365
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TRANSPORTER COMPANY	SAME	EP			DE
ADDRESS	· · · · · · · · · · · · · · · · · · ·		,		
CITY	STATE				PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature Mel Mo	irlu. Print N	lame MEL	MARTI	W	Date Received <u>//-/4-86</u>
TREATMENT/DISPOSAL FACILITY	A11 710	EP.	A IDENTIFICA	ATION COD	E NO
COMPANY SOUTH DAY!	ON DUMP			TE I.D. NO.	·,
ADDRESS 1913 DRYDEN	<i>KP.</i>	OHO		NO	
This is to certify completion of treatmen	STATE	,		IP 454	· · · · · · · · · · · · · · · · · · ·
your records. Forward white copy to	_				· ·
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Signature	Print N	iaille			Date 17/3



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. B5669

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION					··	
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.	
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	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY.	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	X LAN	DFILL	OIH	ER (Specify)	
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		ERTIFICATIO			01/00/55537//	
GENERATOR DATES COMPANY NAME DECCO M	HIPPED 11-18-E				ENO. 04D045557766	
ADDRESS 3/00 1/26/DM				RCHASE OR	DED	
CITY DAYTON		OHIO			9 PHONE 955-5365	
This is to certify that the above named m				•		
transportation according to the applical	ole regulations of the De	epartment of Tr	ansportation a	and the EPA	Keep gold copy for your records.	
Signature 1.71. Kulu	AND Drine A	James THON	MAS N.	LAHORI.	Phone 455-5365	
TRANSPORTER	SAME				DE	
ADDRESS					JE	
CITY	STATE				PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	•	
Signature & M_ @	entre Print M	Name MEC	MARTI	11/	Date Received	
TREATMENT/DJSPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAY	TOU DUMP					
ADDRESS 1975 DEVDEN	FU.	04.0	JOE	3 NO.	20 200-8901	
CITY	STATE	CHIO			39 PHONE 299-8891	
This is to certify completion of treatmen						
your records. Forward white copy to	.=				- 1 m / m / m	
Signature	Print N	Name			Date #//8/60	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS677

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	X LANI	DFILL_	UOTHE	R (Specify)
ADDITIONAL INFORMATION:					<u> </u>
		ERTIFICATIO			OVA DATE TINA
GENERATOR DATES COMPANY NAME DECED	HIPPED 11-19-8				ENO. 040045557766
ADDRESS 3/00 1/EKDA	ORE RD.		ST/	RCHASE ORI	
CITY DAYTON	STATE	DHO	FUI	71P 454	24 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applicat					
Signature . W. K. a.W.					CRK Phone 455-5365
' /					
TRANSPORTER COMPANY	SAMK				DE
ADDRESS					
-	STATE				PHONE
This is to certify acceptance of the above					opriate placards were offered.
Signature Mil Mc	enter Print P	Name MEC	MARI	TIN	Date Received //-/9-86
TREATMENT/DISPOSAL FACILITY	. 7	, EP	A IDENTIFIC	ATION CODI	E NO
COMPANY DUTH DA	YTOM DUMP	<i>,</i>	STA	ATE I.D. NO.	
ADDRESS 1975 DEVDE	N RD	f)//	JOE	3 NO	170 200 0001
CITY	STATE	UMO			39 PHONE 299-8991
This is to certify completion of treatmen	-				_
your records. Forward white copy to			wiii begin u	pon receipt	11/10/1/
Signature	Print N	Name			Date // / 9/8 Co



ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL.

NO. 2561715

EMERGENCY INFORMATION				SCALE INFORMATION			
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION		
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ADDITIONAL INFORMATION:							
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GENERATOR DATE S				ATION COD	ENO. 04.0045557766		
COMPANY NAME DECO	PORAINE				ENO. CZZSO I S S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
ADDRESS 3100 NECO	MORE	· .		RCHASE OR			
CITY	STATE	OHO	;	ZIP <u>454</u>	24_ PHONE 955-5365		
This is to certify that the above named n			-				
transportation according to the applical							
Signature	<u> </u>	Name ////	MAS KI.	KHUON	Phone 455-5365		
TRANSPORTER	Caine	EP.	A IDENTIFICA	ATION NO.			
COMPANY	SHME				DE		
ADDRESS							
CITY							
This is to certify acceptance of the abo		11-	1				
Signature In Warnan	Print I	Name //EC	- TIAKI	<i>W</i>	Date Received 1/-7/-96		
TREATMENT/DISPOSAL FACILITY	Mary Trease	, EP.			E NO		
1000 2000	TON DUMP						
CITY DAYTON	STATE	OHIO	JOE	NO	9 PHONE 200-399/		
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your records. Forward white copy to							
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	1.1 建酸类的现在分类	7.70	Sec. 4. 1. 1. 1.				



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 85677

EMERGENCY INFORMATION				SCALE INFORMATION		
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	SHIPPI	ING INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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RECLAMATION - I	NCINERATION	XLAN	DFILL	OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
		ERTIFICATIO				
GENERATOR DATES	HIPPED 11-24-8				ENO. OHD 045557766	
COMPANY NAME DECO M	ORHING	· · · · · · · · · · · · · · · · · · ·			*************************************	
ADDRESS 3/00 NECOMO	ec rp	OHIO	PU	RCHASE OR	DER	
This is to certify that the above named n	STATE				· ·	
transportation according to the applica					· ·	
-171Pa					Phone 455-5365	
Signature	Plint	•				
TRANSPORTER	SAME				DE	
COMPANY	-7,7,0				JE	
ADDRESS					PHONE	
This is to certify acceptance of the abo						
Signature Mil M.	arlu_Print N	1/2-	1 MAR		Date Received 1 <u>1-24-96</u>	
TREATMENT/DJSPOSAL FACILITY	_	EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOLETH DA	YTON DUMP	,				
ADDRESS 1975 DRYDER	s RP.	<u> </u>		B NO	20 000	
CITY	STATE	OHIO	-	zip <u>4593</u>		
This is to certify completion of treatmen						
your records. Forward white copy to	· To Art 100 100 100 100 100 100 100 100 100 10	17 - H N 1 - 1	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Vame		 	Date 11/24/8(2	
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□ HAZARDOUS XNON—HAZARDOUS XWASTE □ RECLAIMABLE MATL. NO.BS683

EMERGENCY INFORMATION				SCAL	E INFORMATION
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	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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1;	MATE	 RIAL DISPOS	CITION		<u> </u>
RECLAMATION	NCINERATION	X LAN	DFILL	OTHI	ER (Specify)
ADDITIONAL INFORMATION:	· · · · · · · · · · · · · · · · · · ·		:		
	· · · · · · · · · · · · · · · · · · ·	ERTIFICATION) Ni		
GENERATOR DATE S				ATION COD	E NO. OHDOASS 57766
COMPANY NAME DECO	OKAINE.				ENO. 9/100/1995
ADDRESS 3100 NEEDMIL	ORE RD.		PUF	RCHASE OR	DER
CITY	STATE	OHIO			4 PHONE 455-5365
This is to certify that the above named n					
transportation according to the applica		The second second	_	, ,,	
Signature	Print P	Name ////	MAS KI	· KHUO	Phone 455-5365
TRANSPORTER	Com				
COMPANY	SHIVE				DE
ADDRESS					BUONE
CITYThis is to certify acceptance of the abo		and the second second			PHONE
	ve materials for shippined	1/1-	C MAR		Date Received //- 26-86
Signature /8) and w	Print r	141110	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•
TREATMENT/DISPOSAL FACILITY	YTON DUMP				E NO
1175 71000	PD.				
ADDRESS MA DRYDEN	STATE	0410	JOE	TIP 450	39 PHONE 299-8891
This is to certify completion of treatmer		or disposal in co	ompliance with	h appropriate	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature					Date 11/26/8(0
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. B. 687

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	SHIPPI	NG INFORM	ATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION		
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ADDITIONAL			:		· · · · · · · · · · · · · · · · · · ·		
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	CE	RTIFICATIO	N				
GENERATOR DATE S	HIPPED 12-3-86	EP.	A IDENTIFIC	ATION COD	ENO. 040045557766.		
COMPANY NAME DECCO MIC	RAINE						
ADDRESS 3100 NECOMO	DEE ED.	0440	PUF	RCHASE OR	CHASE ORDER		
	~						
This is to certify that the above named metansportation according to the applicat							
					Phone 455-5365		
Signature	Print N						
TRANSPORTER	Some						
COMPANY	STITE				DE		
ADDRESS	STATE		JOE		ŧ		
CITY STATE ZIP PHONE This is to certify, acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
(Se to VII).							
TREATMENT/DISPOSAL FACILITY	U DIMP				E NO		
107- 704-1				NO			
CITY DAYTON	STATE	OH10		ZIP <u>454:</u>	39 _ PHONE 299-889/		
This is to certify completion of treatmen		or disposal in co	••				
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature	Print N	lame		<u> </u>	Date		
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□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. B5639

EMERGENCY INFORMATION	,	_ .	SC	ALE INFORMATION
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IN CASE OF EMERGENCY, NO			IR.	AILER NO. TRACTOR NO.
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D.O.T.,SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	A LANI	DFILL DOT	HER (Specify)
ADDITIONAL INFORMATION:				
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GENERATOR DATES	HIPPED 12-9-86			DE NO. OHD 045557766
COMPANY NAME DECED MILL ADDRESS 3100 NEEDM	DEHINE PO		STATE I.D. N	
CITY DAYTON	STATE	0110	PURCHASE (729 PHONE 455-5365
This is to certify that the above named m				
transportation according to the applical				
Signature . 71. Kulu	Print A	Jame THO	WAS N. KAN	ORK Phone 455-5365
' (' //				
TRANSPORTER COMPANY	SAME			DDE
ADDRESS				
CITY	STATE			PHONE
This is to certify acceptance of the abo	_			
Signature <u>mark</u>	Print N	lame 11EC	MARTIN	Date Received 12-4-86
TREATMENT/DISPOSAL FACILITY		 Ep.	A IDENTIFICATION CO	DDE NO
COMPANY SOUTH DAY	ON DUMP			0
ADDRESS 1975 DRYDE	U RO.		JOB NO	
CITY	STATE	01410		139 PHONE 299-8991
This is to certify completion of treatmen				
your records. Forward white copy to				
Signature	Print N	lame		Date / 2/4/8/0
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS695

EMERGENCY INFORMATION				SCAL	E INFORMATION
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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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INFORMATION.				_ :	·
		ERTIFICATIO			·
GENERATOR DATES COMPANY NAME DECCO	HIPPED 12-8-8	36 EP	A IDENTIFIC	ATION COD	ENO. OHD 045557766
ADDRESS 3100 NEEDMO	OPF PD.		517 PUI		
CITY	STATE	OHIO		ZIP <u>454.</u>	24 PHONE 455-5365
This is to certify that the above named m					
transportation according to the applical	ble regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature . M. Augh	N Print N	Name 740	MAS K.	KAKIOK	Phone 455-5365
TRANSPORTER	CAME	EP.	A IDENTIFIC	ATION NO.	···
COMPANY	SAME				DE
ADDRESS			:		
CITY	STATE				PHONE
This is to certify acceptance of the about		1//-	10		i
Signature 10) gride	Print N	Name //EC	MARI		Date Received 12-8-86
TREATMENT/DISPOSAL FACILITY	a (Duite	EP	A IDENTIFIC	ATION COD	E NO
COMPANY SOLITH DAY	710	·	STA	ATE I.D. NO.	·
ADDRESS 19 13 DRYDE		040		B NO.	120 700-000/
CITY	STATE	DHIU :			39 PHONE 299-889/
This is to certify completion of treatmen your records. Forward white copy to					
Signature	Print N				Date /2/8/8/
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BE698

EMERGENCY INFORMATION				SCALE INFORMATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
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ADDITIONAL	. •					
INFÖRMATION:	*			·		
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GENERATOR DATE S				ATION COD	ENO. 0HD045557766	
COMPANY NAME DELCO	MORAINE			ATE I.D. NO.		
ADDRESS 3100 NEED	MORE RD			RCHASE OR		
CITY DAYTON	STATE	OHIO			24 PHONE 455-5365	
This is to certify that the above named m						
transportation according to the applical	· · · · · · · · · · · · · · · · · · ·					
~ 1 ~ 1				, ,,	CL Phone 455-5365	
Signature	Print N					
TRANSPORTER	CALL	EP.	A IDENTIFIC	ATION NO.	· · · · · · · · · · · · · · · · · · ·	
COMPANY	JAME				DE	
ADDRESS	the second secon					
CITY	STATE				PHONE	
This is to certify acceptance of the abo	ye materials for shipmer	nt. Keep pink co	py for your i	ecords. Appr		
Signature M. Man	Print N	Name	MAR	TAL	Date Received 12-9-86	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAY	TON DUMP	· .	ST.	ATE I.D. NO.		
ADDRESS 1975 DRYDEN	ED.			B.NO		
CITY	STATE	OHIO		ZIP <i>9505</i>	39 PHONE 299-699/	
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wi	th appropriate	· · · · · · · · · · · · · · · · · · ·	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	vame			Date /2/9/8C	
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NU.BS703

EMERGENCY INFORMATION				SCALE INFORMATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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	l					
	MATE	RIAL DISPOS	CITION			
□ RECLAMATION □ II	NCINERATION	X LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
INFORMATION.				_2		
		RTIFICATIO				
GENERATOR DATES	HIPPED 12-11-86				ENO. OHD 045157766	
COMPANY NAME DECCO MADDRESS 3100 NEED	MODE PO		STA			
ADDRESS STUC NEED,	STATE	OHO	PUF	TIP 454	Z4 PHONE 455-5365	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for						
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.	
Signature	LONU Print N	Name THO	DAS N.	KANOK	Phone 455-5365	
TRANSPORTER	C 4 a	EP	A IDENTIFIC	ATION NO.		
COMPANY	SAMR		STA	ATE I.D. COD	DE	
ADDRESS	·					
CITY					PHONE	
This is to certify acceptance of the abo		w)_				
Signature // and	Print N	Name	C / III.	///	Date Received 12-11-86	
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYS	DU DUMP	EP			E NO	
ADDRESS 1975 DRYDEL	on cum					
CITY	STATE	OHO		3 NO. 454	39 PHONE 299-889/	
This is to certify completion of treatmen					1110116	
your records. Forward white copy to						
Signature	Print N	lame		·	Date 12/11/84	
		<u> </u>				



EMERGENCY INFORMATION	-			SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION		· -		,
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IN CASE OF EMERGENCY, NO)TIFY:			IRAI	LER NO. TRACTOR NO.
	N.A.				
	SHIPPI	NG INFORM	ATION		
DOT SUPPLIES DESCRIPTION	· · · · · · · · · · · · · · · · · · ·				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
		-7	10- B		4 70 00
		Z	15 Cu.	ΥD	WOOD
			UTION		,
	MAIL	RIAL DISPOS	SHION		
□ RECLAMATION □ II	NCINERATION	X LAN	DFILL	OTHE	R (Specify)
ADDITIONAL					
INFORMATION:					
				<u></u>	
	_	ERTIFICATIO			
GENERATOR DATE S	HIPPED 12-12-8	<i>86</i> EP	A IDENTIFIC	ATION COD	NO. OHD 045557766
COMPANY NAME DEICO MA ADDRESS 3100 NEGOM	DOG DO		ST/	ATE I.D. NO.	
CITY _ DAYTON	CRC AD	OHO	PUI	RCHASE ORI	DER
This is to certify that the above named m					
transportation apprical					
	WOW Print N	James THE	MAS KI	l. KAU	DRL Phone 455-5365
7/	Filliti				
TRANSPORTER COMPANY	SAME	EP.			JE
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above					
Signature Mill Man	La Print N	AM-	L MART.		Date Received 12-12-86
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC	ATION CODS	■ NO
	YTOM DUMP	2		ATE I.D. NO.	
ADDRESS 1975 DRYDEN	RO.		IO	R NO	
CITY DAYTON	STATE	OHO	;	ZIP <u>4543</u>	9 PHONE 299-8891
This is to certify completion of treatmen			mpliance wit	h appropriate	regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing				14 1 - 10 / 1
Signature	Print N	lame	 		Date 2/8



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS7///

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	RMATION					
	- <u> </u>			j		
	Al. H.					
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THE SECTION AND						
IN CASE OF EMERGENCY, NO	TIFY:			IHAI	LER NO. TRACTOR NO.	
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	SHIPPI	NG INFORM	IATION	·		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IED TYPE	MATERIAL DESCRIPTION	
D.O. 1. Sim i ind D.E.Somi i ion	FIAZAND OLAGG	QUANTITI	CONTAIN	IEN LIFE	MATERIAL DESCRIPTION	
		,	15 Cu.	V. N.	WOOD	
		1	18 W.	1 71 101	INCOL	
			l <u></u>			
						
	MATE	RIAL DISPOS	SITION			
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□ RECLAMATION □ IN	NCINERATION	X LANI	DFILL	OTHE	ER (Specify)	
ADDITIONAL		•			•	
INFORMATION:			<u> </u>		·	
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		ERTIFICATIO			0/20/5572/-/-	
GENERATOR DECO 7	HIPPED 12-16-8 OLANE				ENO. 040045557766	
ADDRESS 3/00 NEEDMO				ATE I.D. NO. RCHASE ORI		
CITY	STATE	OHIO	PUF	TIP 454	79 PHONE 451-1365	
This is to certify that the above named m						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and, thyé EPA.	Keep gold copy for your records.	
Signature	₩ Print N	Jame THOM	MAS N.	KANDE	Phone 455-5365	
TRANSPORTER						
COMPANY	SAME	L. 1			DE	
ADDRESS						
	STATE		7	ZIP	PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re			
Signature Mul Ma	The Print N	Name MEC	- MARTI	74	Date Received 12-16-86	
TREATMENT/DISPOSAL FACILITY	_		A IDENTIFIC		E NO	
COMPANY SOLLTH DAYTE	ON DUMP					
ADDRESS 1975 DRYDEN	I KD.		JOE	3 NO		
CITY	STATE	OHO	<i>7</i>	ZIP 454	39 PHONE 299-889/	
This is to certify completion of treatment					=	
your records. Forward white copy to	generator. Processing (of your invoice	will begin up	pon receipt	of signed copy of this manifest.	
Signature	Print N	lame		 -	Date/2/16/8/	
						



□ HAZARDOUS X NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. BS7/B

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	IMMEDIATE RESPONSE INFORMATION					
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	l.A.					
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IN CASE OF EMERGENCY, NO	TIFV.			TRAI	LER NO. TRACTOR NO.	
IN ONOL OF EMERICALITOR, 140	,/ /			1100	LEITING. THATTON NO.	
	W.H.					
	SHIPPI	ING INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
		Z	15 Cu	. Yo,	. W00D	
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	MATER	I RIAL DISPOS	SITION			
T DECLAMATION TO		. /			TD (0===16.)	
	NCINERATION	X LANI	JFILL	UUIN	ER (Specify)	
ADDITIONAL INFORMATION:						
		ERTIFICATIO		<u> </u>	·	
GENERATOR _ DATE SI				ATION COD	ENO. OHDO95557766	
COMPANY NAME DECCO 19	CRAINE					
ADDRESS 3/00 NEEDH	4 4 4		PUF	RCHASE ORI	DER	
CITY DAYTOU	STATE	OHO	7	ZIP 454.	24 PHONE 455-5365	
This is to certify that the above named m						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.	
Signature	Print N	Name 7HO	MAS N-	MARIOR	Phone 455-5365	
TRANSPORTER U	(1)	EP/	A IDENTIFICA	ATION NO		
COMPANY	SHME				E	
ADDRESS						
CITY	4					
This is to certify acceptance of the above	17	10	Alla	ecords. Appr		
Signature // // // // // Signature	Print N	Name //EC	_ / /////	/ICI	Date Received 72-71-86	
TREATMENT/DISPOSAL FACILITY	Duna Duna	1			E NO	
10-15- 110	TON DUMP					
ADDRESS 1975 DRYDE		0410	JOE	3 NO	39 PHONE 200-889/	
This is to certify completion of treatment						
your records. Forward white copy to						
Signature	-	•		•	1	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BS776

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	RMATION	<u>.</u>	-			
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IN CASE OF EMERGENCY, NOTIFY:				TRAI	LER NO. TRACTOR NO.	
IN ONCE OF EMERICENCY, NO	1/1			,	22//110/	
	N.H.					
	SHIPPI	NG INFORM	ATION	-,		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
		1	15 lu	. Yo.	Kloop	
	MATE	I RIAL DISPOS	SITION			
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□ RECLAMATION □ IN	NCINERATION	M LANI	DFILL	DOTH	ER (Specify)	
ADDITIONAL INFORMATION:			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		ERTIFICATIO	NAI			
GENERATOR DATE S				ATION COD	ENO. CHDO45557766	
COMPANY NAME DELCO	MORAINE	<u> </u>	STA			
ADDRESS 3100 NEGOI	YORE RD.		PUF	RCHASE OŖ	DER	
CITY	STATE	OHO	;	ZIP <u>454,</u>	24 PHONE 455-5365	
This is to certify that the above named m						
transportation according to the applicat	k k)	-7110	ansportation :	ν_{α}		
Signature	Print N	Name ///C/	4/H1 1C.	KANOK	Phone 455-5365	
TRANSPORTER	Carre					
COMPANY	OMME.				DE	
ADDRESS					BUONE	
CITY					PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature #////	Print N	Name	, / /H/C1	/ <i>K</i>	Date Received /2-/8-96	
TREATMENT/DISPOSAL FACILITY	mil Duile				E NO	
COMPANY SOUTH DAYT	The During					
CITY DAY TON	EU KV.	OHIO		NO.	79 PHONE 489-8891	
This is to certify completion of treatment	STATE			ZIP <u>434.</u> h annronriate		
Your records. Forward white copy to						
Signature					, , , , , , , , , , , , , , , , , , ,	



ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. BETZO

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EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
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IN CASE OF EMERGENCY, NO	TITV.			TDAI	LER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NC	/// //			IIIAI	LEN NO. MACTOR NO.
	N.H.				
	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
		2	15 Cu	. YD.	WOOD
		NAL DICEO	SITION	· · · · · · · · · · · · · · · · · · ·	
	MAIL	RIAL DISPOS			
□ RECLAMATION □ I	NCINERATION	XLAN	DFILL	□ OTH!	ER (Specify)
ADDITIONAL INFORMATION:		·			
		-07/5/047/0	NA 1		**************************************
		ERTIFICATIO			ENO. OHD 04-5557766
COMPANY NAME DECO	HIPPED 12-22- IORAINE		A IDENTIFIC ST/		
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	MORE RD.			RCHASE OR	
CITY	STATE	0410		ZIP 454	29 PHONE 455-5365
This is to certify that the above named n	naterials are properly clá	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA.	Keep gold copy for your records.
Signature · // · / · ·	W Print N	Name ///	DINAS K	1. KAW	ORL Phone 455-5368
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY	SAME		STA	ATE I.D. COD	DE
ADDRESS			JOE	3 I.D. NO	
CITY					PHONE
This is to certify acceptance of the abo				ecords. Appr	opriate placards were offered.
Signature Mex Man	Print N	Name ME	L MAR	TIL	Date Received 12-22-86
TREATMENT/DISPOSAL FACILITY	~	EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DAY	TON DUMP	, 	STA	ATE I.D. NO.	
ADDRESS 1975 DEYZE	K RP.			3 NO	***************************************
CITY	STATE	OHO		ZIP 454	39 PHONE 299-8891
This is to certify completion of treatmer					
your records. Forward white copy to	-				
Signature	Print N	Name			Date 12/22/16



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1972

EMERGENCY INFORMATION			SCA	LE INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION			•
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IN CASE OF EMERGENCY, NO	TIFY:		TRA	ILER NO. TRACTOR NO.
<u> </u>	4			
	SHIPPI	NG INFORM	IATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
B.O.T. STILL ING BESSIE HOLD	TINEXITO GERGG	GO/MVIIII	0011711112117112	WATERWAL BEOOKIN TON
		1	1500 /1	WOOD
		· · · · · ·		
		·		
	11 A T F F	DISDO	SITION	
		RIAL DISPO		
□ RECLAMATION □ IN	NCINERATION	_ LAN	DFILL OTH	ER (Specify)
ADDITIONAL				·
INFORMATION:		•		
\$ ***	CI	RTIFICATIO	ON	
GENERATOR DATES	HIPPED 8-14-	EP EP	A IDENTIFICATION COL	DE NO. OHD 045557766
COMPANY NAME De/Co	MORAINE	<u>.</u>	STATE I.D. NO	BDER
ADDRESS 100 Need M	DAE RO	2/10	PURCHASE OF	10ER
This is to certify that the above named m				, ,
transportation according to the applicat	ole regulations of the De	epartment of Tr	ansportation and the EPA	A. Keep gold copy for your records.
Signature // ml	Print N	Name SAC	K Wombol	Phone 457 5565
TRANSPORTER		. EP	A IDENTIFICATION NO.	
COMPANYSAM	<u> </u>		STATE I.D. CO	DE
ADDRESS	OTATE	:	JOB I.D. NO	BUONE
This is to certify acceptance of the above	STATE ve materials for shipmer	nt. Keep pink co	ZIP	propriate placards were offered.
Signature A	Print N		DRANGE	Date Received \$-14-80
TREATMENT/DISPOSAL, FACILITY		* . * * * * * * * * * * * * * * * * * *	A IDENTIFICATION COL	. С
COMPANY South DA	ytoN DUX	1p	STATE I.D. NO	•
ADDRESS 1975 1)1/2	MEN RA		JOB NO	100 000 000
CITY Dayfor	STATE	1410	zip <u>453</u>	39 PHONE 279 387
lists to certify completion of treatmen our records. Forward white copy to	t, storage, reclamation, generator, Processing	or disposal in co of your invoice	ompliance with appropria	te regulations. Keep canary copy for
Ignature Copy to	Print N			
THE STATE OF THE S	THILLY AND A STATE OF THE PARTY	Section 2		Date